

EXPLORING HEALTHCARE EXPERIENCES OF TRANSGENDER INDIVIDUALS

Katie Ross, BPH

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Supervisor: Madelyn P. Law, PhD

Faculty of Applied Health Sciences, Brock University
St. Catharines, Ontario, Canada

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Abstract

The purpose of this study was to explore how transgender individuals were supported to navigate the healthcare system to achieve positive healthcare experiences. A single case study was conducted in Southern Ontario, which included ten individual interviews. Data was analyzed through thematic analysis, allowing for seven themes to emerge within macro (large-scale system), meso (local/interpersonal), and micro (individual/internal) levels of healthcare system support. Themes that emerged within the levels of system support included: 1) existing deficits with hope for change; 2) significant external supports; 3) importance of informal networking; 4) support from local area family physicians and walk-in clinics; 5) navigating the healthcare system alone; 6) personality traits for successful healthcare experiences; and 7) the development of strategies to achieve positive healthcare experiences. This study outlined factors that contributed to positive healthcare experiences for transgender individuals, showing that meso and micro level support are compensating for large-scale healthcare system deficits.

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Chapter 1: Introduction

Transgender is a term that has commonly been used to refer to “all individuals who live outside of normative sex/gender relations; that is, individuals whose gendered self-presentation does not correspond to the behaviors habitually associated with the members of their biological sex” (Namaste, 2000 p.1). This being said, transgender is considered an umbrella term, which encompasses many other trans-related terms such as transsexual, male-to-female, female-to-male, and transitioning/transitioned.

In the past, there has been confusion surrounding the prevalence of transgenderism in the literature. For example, it has been estimated that in the Netherlands 1 in 30,400 born females and 1 in 11,900 born males are transsexual (Bakker, Van Kesteren, Gooren, & Bezemer, 1993). In the United States, the prevalence of transsexuality is estimated to be 1 in 30,000 born males and 1 in 100,000 born females (American Psychiatric Association, 2000). These statistics however, account for transsexuals alone (those who have sought out medical professionals for gender reassignment surgery), not accounting for trans people who have not undergone such procedures, and have been suggested to be outdated and inaccurate (Conway, 2002).

Studies that have been conducted looking into transgenderism rather than transsexuality specifically, have estimated that approximately 4% of the general population is transgender (as cited in Goldberg, 2006). With respect to transgenderism in Canada, it has been noted by Goldberg (2006) that this estimate would mean that the population of transgender people is only slightly smaller than the Aboriginal population. If this estimation is correct, the transgender population has been vastly underestimated in

the past, which has implications not only on the knowledge and training of healthcare professionals working with this population, but also for healthcare funding and structures for this segment of the population. With this being said, the proposed study examines the current state of healthcare for the transgender population, an area where in-depth exploration is needed.

Health Risks for Transgender Individuals

Currently, the transgender population has been reported as facing many health risks, which may impact overall health and well-being. The risk of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) for the transgender population has been estimated as higher than average in many studies across both the United States and Canada. In a systematic review of HIV related studies of the transgender population in the U.S., it was found that 27.7% of male-to-females tested positive for HIV, and 11.8% of male-to-females self-reported being HIV positive (Herbst et al., 2007). In Canada it has been found that 8% of trans individuals in Manitoba and Northwestern Ontario self-report having HIV (Taylor, 2006), while in Ontario as a whole, transgender individuals self-reporting with HIV have been found to be ten times greater than baseline HIV prevalence in Ontario (Bauer, Travers, Scanlon, & Coleman, 2012).

With regard to mental health, literature in this area is problematic and contradictory (Greatheart, 2010). Small sample sizes and methodological issues have been noted throughout the research in this area (Lawrence, 2007). As it has been pointed out by Lawrence (2007), there has been research both suggesting that transgender individuals face increased levels of psychopathology, as well as studies on the contrary,

with indications of no differences compared to the general population. Investigations into suicide amongst trans individuals have shown higher than average rates, and increased risk for suicide attempts when compared with a non-transgender control group in Sweden (Dhejne et al. 2011). In the Netherlands, incidence of suicide rates among pre- and post-surgery transsexuals was found to be higher than the general population (Asscheman et al., 2011). Similar findings have been reported in Canada and the US, with 28% of transgender individuals in Manitoba and Northwestern Ontario having attempted suicide at least once (Taylor, 2006), and 28.5% of transgender respondents in a Virginia based study reporting a history of attempted suicide (Goldblum et al., 2012).

Transgender individuals have also been found to be at risk for violence that is directed towards them. In a study conducted by Lombardi, Wilchins, Priesing, and Malouf (2001), it was found that 16% of transgender respondents reported having been a victim of assault, and 3% reported having been a victim of rape or attempted rape. Similar results have been found by Taylor (2006), with a noted 12% of transgender individuals reporting that they have moved to another location due to violence. The experience of gender-based violence towards trans people has been linked to suicide, with reports of transgender individuals who experienced such violence throughout their high school years being four times more likely to have a suicide attempt (Goldblum et al., 2012).

Unique Healthcare Needs for Transgender People

In addition to the increased health risks and general healthcare needs of transgender individuals, trans people may have unique healthcare needs not typically experienced by the general population. Hormone therapy may be undertaken by trans

individuals who wish to change their body in order to more appropriately represent their gender identity. For males who are transitioning to females, treatment regimens include various forms of estrogen, progestins, and/or antiandrogens (Moore, Wisniewski, & Dobs, 2003). For females transitioning to males, testosterone is commonly used in treatment (Moore et al., 2003). These treatments have been associated with certain health risks, therefore medical providers have the dilemma of balancing medical risks and psychological needs for their patients (Moore et al., 2003). Although there is a clear importance in the medical supervision of individuals who choose to undergo hormone therapies, it has been widely found throughout the literature that hormones are purchased by trans individuals through the informal market and taken without medical supervision due to the many barriers they may face acquiring them and being monitored through the healthcare system (Bauer, Travers, Scanlon, & Coleman, 2009; Corliss, Belzer, Forbes, & Wilson, 2007; Namaste, 2000; Sanchez, Sanchez, & Danoff, 2009; Spade, 2010; Xavier et al., 2013). This can lead to a number of health complications including incorrect dosage, nerve damage, or diseases such as HIV or hepatitis due to needle sharing (Spade, 2010). In a study conducted by Xavier, Bobbin, Singer, & Budd (2005) it was found that 35% of respondents were taking hormone therapies, with 72% purchasing their hormones from friends or on the street. Further, Sanchez et al. (2009) reported that only 58% of respondents completed a medical evaluation before starting hormone treatments. For trans youth, these numbers may be even higher, as it was found that two-thirds of trans youths began taking hormones that were acquired through the black market (Corliss et al., 2007). Both fear of negative experiences (Bauer et al., 2009) and medical policy hurdles

such as extensive therapy and exams (Xavier et al., 2013) have been found to contribute to trans individuals seeking black market hormones in order to self-treat.

Sex reassignment surgeries (SRS) may also be an option for trans people who wish to transition and are eligible for such procedures. Sex reassignment surgeries can include: hysterectomy, mastectomy, chest reconstruction or augmentation, genital reconstruction, facial hair removal, and facial plastic reconstruction (The World Professional Association for Transgender Health, 2008). It has been noted that all of these services need to be appropriately tailored by healthcare providers to the specific needs of trans individuals (Sperber, Landers, & Lawrance, 2005), and it should be emphasized that not all trans individuals choose to undergo such procedures. Standards of care for transgender individuals have been outlined by the World Professional Association for Transgender Health (WPATH) (Coleman et al., 2011). WPATH is an international organization formerly known as the Harry Benjamin International Gender Dysphoria Association, which aims to “promote evidence based care, education, research, advocacy, public policy and respect in transgender health” (World Professional Association for Transgender Health, 2013). These standards have been developed by WPATH in order to provide healthcare providers with clinical guidance to practitioners when assisting transgender individuals with their transition experiences (Coleman et al., 2011).

Accessing Transgender Healthcare in Canada

There has been a lack of standardization in the policies and services available to transgender individuals in Canada who make the decision to transition their bodies to more accurately represent their gender identity. Until 2002, Vancouver General Hospital’s gender clinic was considered the sole gatekeeper of public health coverage for

transition-related surgeries (Greatheart, 2013). With government funding cuts to this program, Vancouver Coastal Health now provides system navigation support to trans individuals, but no longer provides primary care or health assessments to transgender people (Vancouver Coastal Health, 2013). Other notable organizations in Canada having a reputation for providing trans care are Sherbourne Health Center in Toronto, which has developed guidelines and protocols for primary healthcare for trans clients (Sherbourne Health Center, 2009), as well as the Gender Reassignment Surgery Clinic in Montreal, which has a long-standing history of providing care to trans individuals (Greatheart, 2013). These clinics are an excellent example of high quality services geared towards this population, however these specialized services are not always available to individuals in mid-size urban and rural areas.

Coverage for gender reassignment surgery varies from province-to-province with regard to which surgeries are covered and the amount of coverage provided (Greatheart, 2013). In Ontario, full coverage for transgender surgeries has been provided since 2008, after a ten-year delisting period (Ontario Ministry of Health and Long-Term Care, 2008). In other provinces such as Manitoba and Saskatchewan, transgender individuals must travel to the Center for Addiction and Mental Health (CAMH) in Toronto in order to be assessed, and then may have surgeries conducted in either Toronto or Montreal (as cited in Greatheart, 2013). Funding for surgical procedures only covers the direct surgical costs, which accounts for roughly 25% of the overall cost of procedures (as cited in Greatheart, 2013). No coverage currently exists for surgery in New Brunswick, Nova Scotia, or Prince Edward Island.

In addition to funding issues surrounding surgeries, there is also an assessment process that trans individuals must go through in order to be eligible for hormone therapy and/or surgery in Canada. Under suggestion of the World Professional Association for Transgender Health (WPATH) Standards of Care, CAMH assesses trans individuals seeking hormones and/or surgery following a set of criteria which, among other requirements, includes a “Continuous Gender Role Experience” whereby an individual must live in a role congruent with their identity, and document this experience for one year (Center for Addiction and Mental Health, 2012). In addition to this, a diagnosis of Gender Identity Disorder (GID), defined as “a strong and persistent cross-gender identification with evidence of persistent discomfort about one’s assigned sex or a sense of inappropriateness in the gender role of that sex” (American Psychiatric Association, 2000 p. 576) has also been a requirement. In Canada, GID has been commonly diagnosed using the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Snelgrove, Jasudavicius, Rowe, Head, & Bauer, 2012). Issues surrounding the diagnosis of GID and the DSM will be discussed in further detail in following sections.

Along with the barriers that may exist for transgender individuals seeking assessment and coverage for gender-related treatment, this population also faces marginalization and discrimination when seeking and receiving general healthcare. A US study by Kenagy (2005), found that 26% of participants reported being denied medical care because of their transgender status. This implies that transgender individuals face challenges not only when seeking healthcare that may accommodate unique gender-related needs, but also when accessing the general healthcare required by any individual.

This issue should be of great concern in Canada, where healthcare is supposed to be entitled to all Canadians on uniform terms and conditions, without financial or other barriers (Canada Health Act, 1985). The current state of healthcare for transgender individuals however, appears to be fraught with barriers at primary care levels, all the way to the national government policy level. Canada prides itself on a health system that is equitable amongst all, and does not allow for any population, minority or otherwise, to face discrimination during health system encounters.

In order to provide high quality healthcare to transgender people in a system that, by many standards, can be said to be failing this population, changes will need to be made. In order to inform which changes will be most effective, evidence exploring what works in our current system is needed in order to make recommendations for how healthcare for transgender individuals can be improved in the future.

Chapter 2: Review of the Literature

The following sections review the existing literature in transgender terminology, the current state of health for the transgender population, and the provider perspective in transgender research. Following the review of these areas, the strengths-based perspective is introduced as a lens through which transgender research can be explored and understood.

Literature Search Strategy

In conducting the review of literature, databases such as Academic Search Premier, Ovid, and Google Scholar were used with initial search terms such as “transgender”, and “transsexual”, together with “health”. Once a basic scan of existing literature was complete, more specific terms such as “HIV”, “violence”, and “health provider” were then searched and coupled with transgender terms. In addition to this, a brief scan of reference lists within the identified sources was completed by the researcher in order to find further literature on the topic area.

Terminology

Before exploring the development and current use of the many “trans-terms” that have developed over time, it is first important to briefly describe the concepts of sex, gender, gender-roles, gender identity, and sexual identity.

Within a healthcare context, the World Health Organization (2013) defines the term “sex” as “the biological and physiological characteristics that define men and women” (para. 1). This differs from gender, which refers to “the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women” (World Health Organization, 2013, para. 1). Based on one’s assigned

sex at birth, there are a number of socially constructed gender-roles that have come to be expected in society.

Initially conceptualized within the term “sex”, gender identity began to branch from this term, being understood as a distinctly different concept since the 1970’s (Shankle, 2005), as gender-related social justice movements began to develop in the US throughout the decades following World War II (Stryker, 2008). Today, the term gender identity is defined as “a person’s sense of self, and their sense of being male or female (Ontario Human Rights Commission, 2013, “What are Gender Identity and Gender Expression”, para. 1). Gender identity was once confused with the term sexual identity, which differs greatly from gender identity, as this term refers to the gender that one is attracted to (Wentling, Schilt, Windsor & Lucal, 2008).

Although many individual’s gender identity is congruent with their assigned sex, some individuals do not feel that their assigned sex and gender identity align. Many different terms have been used to describe this phenomenon, such as: cross-dresser, transsexual, male-to-female, female-to-male, transgender, trans, and transition (full definitions can be found in Appendix A).

Transgender has been acknowledged throughout the literature as an “umbrella term”, defined as “ a term used to refer to all individuals who live outside of normative sex/gender relations; that is, individuals whose gendered self-presentation does not correspond to the behaviors habitually associated with the members of their biological sex” (Namaste, 2000 p.1). This term can be seen to encompass all of the above-mentioned terms, and has increasingly been used in the literature in the past decade (Stryker, 2008).

Similar to the term transgender, the term trans has also been used to describe individuals who do not always dress or act, according to society's conceptions of male or female (Ontario Human Rights Commission, 2013). With this being said, not all trans people accept these terms. For example, it has been suggested that transgender is a term that suggests a learned and freely chosen gender identity that is socially determined (Nagoshi & Brzuzy, 2010). For this reason some individuals prefer other terms such as transsexual, which is described as innate and biological, not being determined by choice (Nagoshi & Brzuzy, 2010).

Transition refers to "the process that people go through as they change their gender expression and/or physical appearance (e.g., through hormones and/or surgery) to align with their gender identity" (Fenway Health, 2010, Key Terms table). However, not all trans persons accept this term either, and there may be a preference by some to use other terms such as "gender affirmation" (Fenway Health, 2010).

Evidently, there is a lack of consensus on behalf of the trans population regarding which terms, if any, are best suited to address this population. This presents challenges to researchers when attempting to "categorize" trans people for research purposes, as the terminology preferred differs on an individual basis (Sperber et al., 2005). Research has outlined that some trans individuals have difficulty deciding on words to describe themselves (Sperber et al., 2005). As suggested by Susan Stryker (2008), this difficulty may be due to the evolving nature of the language that is used within transgender culture. For the purposes of the current research, the terms trans and transgender will be used, as these terms are commonly found in the literature, and are inclusive in nature. Both the

terms trans and transgender will be used, and understood as anyone who identifies differently from the sex they were assigned at birth.

Within the literature surrounding the transgender population, it is common for transgender people to be studied within the context of the lesbian, gay, and bisexual community. Together with the trans population, this group is commonly referred to the LGBT community. It is important to note that findings within the LGBT literature may not accurately reflect the transgender population as an exclusive entity. This has been suggested through findings that attitudes towards transgender persons are significantly more negative when compared to attitudes towards the LGB population (Norton & Herek, 2012). For the most part, the following review focuses on literature which looks to the transgender population specifically, however some research on the LGBT population is be discussed in following sections.

The Current State of Health for the Transgender Population

Prior to conducting research that delves into the experiences of transgender individuals, it is important to understand the current state of health for the transgender population in order to give voice to the context in which these experiences occur. The following section will first discuss the social determinants of health for transgender people, and then proceed to discuss how the healthcare system currently functions for this population.

Social determinants of health. Social determinants of health can be defined as “the conditions in which people are born, grow, live, work, and age...which are mostly responsible for health inequalities” (World Health Organization, 2013). With regard to the transgender population, literature in this area has shown that trans people face a great

deal of social marginalization (Lombardi, 2001; Snelgrove et al., 2012), specifically income, housing, employment, and education. Trans people have been found to frequently encounter income instability (Bauer et al., 2009; Namaste, 2000) that has been suggested as a contributing factor to some individuals engaging in sex work as a means of earning income (Xavier et al., 2013), which can lead to health-related issues. Maintaining quality housing has also been found as an issue for some trans people (Namaste, 2000; Taylor, 2006; Xavier et al., 2005). Income instability, insensitivity by housing staff, estrangement from birth family, and lack of employment have been found to be barriers to maintaining quality housing (Xavier et al., 2005). Trans people have reported being harassed and intimidated within their own neighborhoods (Xavier et al., 2013), which can be seen as one of the many results of poor financial and housing situations individuals in this population may face.

Trans individuals have also been reported to experience discrimination in regards to gaining and maintaining employment (Corliss et al., 2007; Lombardi et al., 2001; Spade, 2010; Sperber et al., 2005; Taylor, 2006; Xavier et al., 2013). Many trans youth encounter challenges when accessing job training and employment assistance as a result of their gender non-conformity (Corliss et al., 2007). Once hired, trans individuals may face violence in the workplace (Lombardi et al., 2001; Sperber et al., 2005), and may ultimately lose their job as a result of being trans (Xavier et al., 2013). Regulations at licensing bureaus that issue gender markers on personal identification are another factor that has been suggested to hinder chances of employment for trans people (Spade, 2010). Challenges to changing gender markers on personal identification can contribute to failure to find employment, as individuals who look or dress in a way that does not

represent the sex outlined on their personal identification may have difficulties in seeking an accepting workplace. Some agencies require sex reassignment surgery for a change in the gender marker on personal identification, a surgery that many trans individuals cannot, or will not undergo (Spade, 2010).

In addition to facing challenges to employment, trans individuals have also been found to encounter violence and discrimination in educational systems (Corliss et al., 2007; Sperber et al., 2005; Lombardi et al., 2001). In a study of transgender youth, Corliss et al. (2007) found that nearly half of respondents described harassment from peers, teachers, and administrative staff due to gender non-conformity as being a barrier to receiving education. It was reported that such harassment resulted in some transgender individuals dropping out of the educational system before finishing their high school education, and other transgender individuals reporting that they faced interruptions in their education while seeking more affirmative educational environments (Corliss et al., 2007).

When examining the issues that transgender individuals face within the social setting, it is important to acknowledge the broader social stigma associated with gender non-conformity, as this stigma can be seen to cut across many different aspects of daily life for transgender individuals. As noted by Herek (1990), the cultural norm of heterosexuality can be seen to perpetuate prejudice towards those who do not conform to typical sexual or gender identities. This being said, transgender identities can be seen as non-normative, and therefore subject to discrimination by those conveying cultural norms. This stigma likely plays a large role in social determinants of health for the transgender population, and as such, puts existing research into context.

The above literature outlines that there are a number of social determinants of health that interact with one another and may ultimately contribute to poor quality of life for trans individuals. These social determinants can both indirectly, and directly affect one's health, causing further burden on a trans person. To this end, it is important to understand the way in which trans individuals are able to access health care services to help improve their chances of healthy living.

How the healthcare system currently functions for transgender individuals.

As it has been previously discussed, the trans population may have unique healthcare needs such as hormone therapy and/or sex reassignment surgery as well as additional health risks not typically experienced by the general population. For this reason it is important to review the existing literature regarding how the healthcare system is currently functioning for transgender individuals. The following section reviews healthcare for trans individuals in the following areas: Provider knowledge and sensitivity, policy and standards of care, the use of the Diagnostic and Statistic Manual in transgender care, disclosure of trans status within the medical system, satisfaction with care, and resilience and the positive aspects of identifying as transgender.

Provider knowledge and sensitivity. Existing literature widely notes that healthcare providers have a lack of knowledge regarding trans care (Bauer et al., 2009; Corliss et al., 2007; Feinberg, 2001; Sperber et al., 2005; Taylor, 2006). Not only do providers lack knowledge, but it has also been suggested that providers do not think knowledge about trans-related care exists when it may (Bauer et al., 2009). In a study conducted by Sanchez et al. (2009), access to a knowledgeable healthcare provider was the most frequently reported barrier to trans care. In addition to general gender concerns,

healthcare providers need more education regarding hormone use, gynecological care, and HIV prevention counseling (Sperber et al., 2005). It has been found that even in healthcare settings that are considered to be LGBT friendly, there is still a lack of accommodation to trans patients with regard to policy and practice (Bauer et al., 2009; Corliss et al., 2007). This lack of knowledge results in trans individuals feeling the need to educate their own providers in trans-related care (Bauer et al., 2009; Hussey, 2006; Sperber et al., 2005).

One common result stemming from a general lack of knowledge in trans-related care is the tendency for providers to refer to an individual's trans status in unrelated medical situations (Sperber et al., 2005; Xavier et al., 2013). One such example of this has been seen through a provider making reference to one's trans status in relation to setting a broken bone (Sperber et al., 2005), which can be seen as inappropriate. With regard to mental healthcare, it has been suggested that information is commonly presented in a way that does not allow for any separation between one's mental health issues and transgender status, thus making it hard for providers to effectively navigate such situations (Bauer et al., 2009).

Sensitivity of providers is an extremely important aspect of trans healthcare, as it is considered to be a key factor in the quality of healthcare for trans people. A provider's willingness to listen, learn, and allocate time to discuss unique trans issues has been seen as a determinant of quality in transgender healthcare (Sperber et al., 2005). What has been found however, is that related to a lack of knowledge about trans care is a lack of interest and sensitivity of providers (Bauer et al., 2009; Corliss et al., 2007; Feinberg, 2001; Lombardi, 2001; Namaste, 2000; Sperber et al., 2005; Taylor, 2006; Xavier, 2000;

Xavier et al., 2013). Some insensitivity is a result of a lack of proper training (e.g., not referring to trans patients by their preferred pronoun) (Sperber et al., 2005), however, some insensitivity can be seen through negative attitudes and hostility for trans people (Xavier, 2000).

This lack of education and sensitivity in the healthcare setting has resulted in trans people encountering providers who refuse to treat them (Kenagy & Bostwick, 2005; Sperber et al., 2005). As previously mentioned, a study by Kenagy (2005), found that 26% of participants reported being denied medical care because of their transgender status. These findings contribute to reluctance of some trans individuals in accessing healthcare due to fear of uneducated or insensitive providers in future healthcare endeavors (Lombardi, 2001; Sperber et al., 2005).

Policy and standards of care. Current literature shows a general lack of policy regarding trans healthcare at the organizational level, as well as inconsistent implementation of standards surrounding trans care (Bauer et al., 2009; Sperber et al., 2005). It has been found that there is a lack of awareness within healthcare organizations that trans policies are needed (Bauer et al., 2009), and many of the policies that are in place within the healthcare setting are directed towards the LGBT population, assuming that gender identity issues are similar to sexual orientation issues (Sperber et al., 2005). In organizations where trans policies have not yet been developed, trans patients may be left waiting to receive healthcare while policies are developed (Sperber et al., 2005).

Inconsistent policies across healthcare organizations, as well as inconsistent implementation of trans related standards make it difficult for trans individuals to navigate the healthcare system, receive the care they need, and have adequate continuity

in their care (Sperber et al., 2005). The development of trans health policies and standards of care can contribute to an overall trans friendly environment within the healthcare setting, and may aid in overcoming what is currently perceived as a lack of trans-inclusive spaces in healthcare (Bauer et al., 2009). Policies appear to be lacking at both the provincial and local health system levels.

The diagnostic and statistic manual in transgender care. In Canada, gender identity disorder (GID) has commonly been diagnosed using the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Snelgrove et al., 2012). Within the DSM, GID has, until recently, been used as a diagnosis given to some trans people. GID is defined as a strong and consistent cross-gender identification that is accompanied by persistent discomfort with the assigned sex, which cannot be explained by other psychiatric diagnoses (American Psychiatric Association, 2000). This diagnosis by a mental health professional has been a crucial part of GID, and has also been suggested to influence how healthcare professionals provide non-transition related care to trans individuals (Snelgrove et al., 2012). One of the main concerns with the current definition of GID in the DSM has been that trans individuals are pathologised by being classified as having a mental disorder (Green, McGowen, Levi, Wallbank, & Whittle, 2011; Snelgrove et al., 2012), thus the transgender experience has been categorized within the context of disorder (Lev, 2005). This was suggested by WPATH to be inappropriate, as most mental health disorders have the core feature being disabling, which is not the case for GID (Green et al., 2011). The diagnosis of a mental health disorder was suggested to sustain social stigma and prejudice that transgender individuals already face (Green et al., 2011). This diagnosis has potential to limit trans people from accessing certain professional

licenses through regulations that require an evaluation of those diagnosed with mental disorders (Green et al., 2011). It has been suggested that when GID is diagnosed using the DSM along with transition criteria outlined by WPATH, clinicians may assess a patient's readiness for care in terms of DSM nomenclature rather than in the context of the transgender person and their well-being (Corneil, Eisfeld, & Botzer, 2010).

On the other hand, it has also been suggested that this diagnosis is important in ensuring access to healthcare for transgender individuals, as it is believed that diagnosis facilitates access to medical treatment and legal identity rights (Green et al., 2011). For example, due to policies that exist in incarceration settings, this diagnosis has been found to be crucial for trans individuals seeking care in prison (Green et al., 2011). Within the healthcare setting in the United States, the diagnosis of GID is also believed to be important for insurance coverage purposes (Sennott, 2011).

Considering the relative advantages and disadvantages of the current nomenclature surrounding GID in the DSM, WPATH suggested that GID remain in the DSM, but that changes are made to improve the definition of GID (Corneil et al., 2010). As a result of the highly debatable diagnosis of GID, changes have been made with respect to this diagnosis in the most recent edition of the DSM (the DSM-V), which was released in May 2013. These changes include the diagnosis of Gender Dysphoria (GD) which is outlined as the presence of clinically significant distress in those whose gender at birth is contrary to the one they identify with which persists for at least six months, this is in replacement of GID (American Psychiatric Association, 2013). The American Psychiatric Association (2013) believes that this change in terminology will protect trans individual's access to care, and will not be used against them in social, legal, or

occupational contexts. The effects of this change however, are yet to be seen due to the relative newness of this change.

Disclosure of trans status within the medical system. Literature shows that trans individuals have mixed feelings regarding when it is most appropriate to disclose their trans status to healthcare providers. Trans people tend to agree that factors such as trust, safety, fear of insensitivity, and risk of denial of care or mistreatment influence the decision to disclose their trans identity (Bauer et al., 2009; Sperber et al., 2005; Xavier et al., 2013). Those who do not see their provider as being trustworthy, or do not feel safe in their healthcare setting may choose not to disclose their trans status (Sperber et al., 2005). However, those who feel comfortable with their providers and do not feel a great risk for mistreatment may share their status more openly (Bauer et al., 2009; Xavier et al., 2013). For some trans individuals, the decision not to disclose their trans identity is based upon the expectation that there will be a lack of continuity of care, as many providers end up “passing-off” trans clients due to a lack of competence in trans care (Bauer et al., 2009).

Satisfaction with healthcare. Although it has been shown that there are many flaws in healthcare for the trans population, it is imperative to note that there have been positive reports of patient satisfaction with healthcare. In a needs assessment of transgender people living in Washington, DC, high levels of satisfaction with access to transgender-related care on a lifetime basis were found, however it was also reported that overall access to care was low (Xavier et al., 2005). Similar to these findings, Bockting, Robinson, Benner and Scheltema (2004) found that despite access to care being an issue, once engaged in care, transgender individuals experienced high levels of satisfaction with their care at a university-based sexual health clinic. In trans youth satisfaction with

services in general has also been noted, with 39% of respondents reporting that they had not received any unhelpful or negative services (Corliss et al., 2007). These findings indicate that despite the many negative healthcare experiences and barriers that exist for the trans population, there are in fact trans individuals who have had positive healthcare experiences.

Resilience and the positive aspects of identifying as transgender. In response to the many healthcare barriers faced by trans individuals, it was found by Hussy (2006) that perseverance and activism were used by some female-to-male participants in order to reduce vulnerability and maintain a positive attitude. Optimism was seen as a strategy for coping and persevering in a system that is ill equipped for trans individuals (Hussy, 2006). Activism has also been noted as a resilience strategy for transgender individuals (Singh, Hays, & Watson, 2011), as well as one of the positive aspects of identifying as transgender, as it provides the opportunity for trans people to act as a role model and educate others (Riggle, Rostosky, McCants, & Pascale-Hague, 2011).

Community and positive media portrayals have been found as important factors contributing to the ability to persevere (Hussy, 2006). For many transgender people, having a connection with a supportive community can increase feelings of self-acceptance (Riggle et al., 2011), functioning as a resilience strategy (Singh et al., 2011). Through volunteering within transgender organizations, trans individuals have reported feeling empowered to create change and improve the system (Hussy, 2006).

In addition to activism and a connection with a supportive community as reported resilience strategies among transgender individuals, Singh et al. (2011) also note that evolving a self-generated definition of self, embracing self-worth, being aware of

oppression, and having hope for the future contribute to resilience. Through using their own definitions and words to describe themselves, transgender individuals have been found to have a sense that they are resisting the traditional binary definitions of gender (Singh et al., 2011). Trans individuals have reported that living beyond the gender binary is a positive aspect of being transgender, as it provides an opportunity to challenge gender norms and stereotypes (Riggle et al., 2011). Other factors that have been suggested as positive aspects of being transgender are: the development of strong interpersonal relationships when receiving acceptance from friends and family, as well as the unique perspectives and insight into both sexes/genders one has as a trans person (Riggle et al., 2011).

In response to the deficits based systems and research surrounding the transgender population, social worker and researcher Marcus Greatheart has undertaken research which used a strengths-based approach to uncover the experiences of eight trans men from Vancouver, Canada (Greatheart, 2013). This research is noteworthy, as there has been limited research looking exclusively to the transgender population with a distinct use of a strengths-based lens. By conducting interviews with trans men who considered themselves to generally be satisfied with their lives, a new and previously undiscovered perspective to the trans journey can be seen.

Some of the findings from Greatheart's (2013) strengths-based research showed that self-efficacy was a key factor in trans men's gender transition experiences, which was demonstrated in how trans men were able to manage the early stages of their transition. In addition to this, it was seen that not all trans men faced struggles and anxiety about their gender, as much of the literature indicates. Many trans men gained

hope for their own journeys through hearing positive transition stories from previously transitioned trans men (Greatheart, 2013). It was noted however, that trans men generally did not find these positive stories in support groups, but rather through seeking these positive transition stories within their own social circles and communities. Trans men reported that personal supports and certain resources such as education, financial means, and knowledge of the healthcare system impacted their transition success. Many trans men recognized that they were dependent upon the healthcare system, and that there were many barriers within the system, but in light of this, they had found ways to subvert the system in order get their needs met; in some cases exaggerating their experiences in order to obtain certain treatments (Greatheart, 2013).

The findings from Greatheart's (2013) research show that despite the many barriers that trans people face, there are success stories, and many competencies held by trans people that contribute to this success. Using a strengths-based approach provided a unique and plausible lens which allowed Greatheart to tap into the unacknowledged aspects of the trans experience that have not been found through the existing deficits-based literature. Therefore it stands to reason that there is a need for future research that adopts this strengths-based lens when investigating the lives and experiences of the trans population.

In summary, there has been a limited amount of research into the positive aspects of being transgender, and the resilience many transgender individuals may develop in relation to their efforts to access health services. In addition, the majority of the literature focuses on strengths at a personal level. At a health system level, current research on care for the trans population focuses almost exclusively on the existing deficits with little

attention to positive aspects of care for trans individuals. Acknowledging that there have been reports of positive patient experiences with healthcare, it is imperative that this area is explored further. A strengths-based lens can be seen as an appropriate means through which to conduct such research.

The Provider Perspective in Transgender Research

It must be noted that the literature discussed above is largely based on the perspectives of trans individuals. Likewise, a majority of existing research surrounding the transgender population and access to healthcare has been concerned with the perspective of the transgender population. Although this is an extremely important perspective to acknowledge, within the context of the healthcare system as a whole, this perspective alone does not lend to a full or holistic account of the transgender healthcare system. The roles and perspectives of healthcare providers are also crucial to a more holistic account of the transgender healthcare experience. Healthcare providers can be seen as those individuals who provide health related services to the population in a systematic way. When looking to the literature that exists in transgender care from a healthcare provider perspective, there is currently a marked absence of research (Poteat, German, & Kerrigan, 2013; Snelgrove et al., 2012).

Poteat et al. (2013) note that many existing studies that focus on the provider perspective do so in reflection on providing care to LGBT populations as a whole and not specifically the trans population. Within this literature, it has been found that providers feel a need for increased training and resources when providing care to LGBT populations (Travers et al., 2010). It has also been found that negative attitudes exist

towards the LGBT population in nursing staff, as a review of 17 studies noted negative nurse attitudes within all studies (Dorsen, 2012).

Mental health providers in one study outlined that they feel the medical model which is embedded within their practice does not allow for the individuality in the care processes, and that there are not enough mental health services to meet the demand of the LGBT population (McIntyre, Daley, Rutherford, & Ross, 2011). In addition, mental health providers who serve the LGBT population have been reported as being overworked, and pressured to produce quick results which may not be possible given a limited time and budget (McIntyre et al., 2011).

As previously mentioned, findings within LGBT literature may not accurately reflect the transgender population specifically. Therefore, research which focuses on provider views and the transgender population exclusively need to be reviewed. What is found when reviewing such literature however is that there is a scarcity of publications in this area.

In a study conducted by Snelgrove et al. (2012), thirteen physicians in Ontario were interviewed in order to explore the barriers that exist to providing transgender patients with healthcare. Findings from this study indicated that physicians felt that there was a lack of information and knowledge regarding the health needs of trans people, and healthcare providers were not always sensitive to these needs (Snelgrove et al., 2012). It was also seen that physicians felt there was a lack of policy or need for policy change surrounding trans healthcare. These findings are similar to the barriers that have been identified by the transgender population.

Physicians had a slightly different understanding of access barriers than what has been identified in research from the trans perspective. It was found by Snelgrove et al. (2012) that physicians expressed reluctance in promoting medical transitioning due concern that a patient may later regret their decision. Physician's also noted that effects of hormone treatment differ between genetic males and females, and hormone effects are less reversible in genetic females. Patient expectations were another barrier, as patients may have unrealistic expectations about how they will feel and look after transitioning (Snelgrove et al., 2012).

In a study conducted by Poteat et al. (2013), the perspectives of both transgender individuals and healthcare providers were incorporated when exploring stigma and discrimination in healthcare interactions between providers and transgender patients. Findings suggest that both transgender people and providers bring certain stigma to medical encounters, and ambivalence and uncertainty were experienced as key themes (Poteat et al., 2013). This uncertainty about the healthcare interaction resulted in challenges to the traditional clinical relationship whereby the provider is expected to hold medical knowledge and provide effective care (Poteat et al., 2013). This study is the first of its kind in exploring the trans patient-provider relationship, and stigma, through the incorporation of both transgender individuals and providers. The unique power dynamic that may be created through the stigma held by both providers and trans patients will be considered in the current research, as this likely plays an important role in the development of positive trans healthcare experiences.

With respect to the provider perspective regarding healthcare for the transgender population, it is clear that there is a need for future research in this area. Further, there is a

need for incorporation of both the trans and provider perspective together in one study in order to gain a more full understanding of the transgender healthcare experience. Another interesting point when reviewing this literature is, that similar to the research that has been conducted from the transgender perspective, the existing literature exploring the provider perspective with regard to transgender healthcare takes a deficits-based stance. As mentioned above however, the use of a strengths-based focus may lend to the uncovering of a unique and untapped side of healthcare for trans people. The following section describes the strengths-based approach in further detail.

The Strengths-Based Approach

The strengths-based approach adopts the belief that there are many strengths (such as competencies, capacities, and resiliencies), and resources (helpful factors external to the individual) that an individual, group, family or community may possess which need to be acknowledged and fostered in order to benefit individuals, and society as a whole (Saleebey, 2013). Some of the foundational beliefs underlying the strengths perspective include: the belief that every individual, group, and community possesses strengths, the acknowledgement of the hardships that one may face, but also the ability to see these hardships as challenges and opportunities for one to acquire capacities in the face of adversity, and the belief that no matter how harsh the environment, there are always many resources that can be drawn from (Saleebey, 2013). The strengths-based approach does not accept that all individuals who face abuse or trauma are inherently wounded (Saleebey, 1996), but that there are capacities even in the most marginalized (Saleebey, 2013). As capacities and abilities are realized, a sense of pride may develop as a result of having overcome difficulties, which can contribute to further discovery and harnessing of

capacities (Saleebey, 1996). Clearly, this approach is in direct opposition to the common deficits-based focus that currently exists in both research and practice (Saleebey, 1996; 2013).

The strength-based approach has been used to focus on both increasing understanding and research knowledge, as well as for social action and more practical applications (Maton, Schellenbach, Leadbeater & Solarz, 2004). Although researchers have studied resilience, competencies, and protective processes in individuals since the 1960's, only more recently have these factors been studied with regard to families, organizations, and communities (Maton et al., 2004). The strengths perspective has been used to study the elderly, youth in trouble, addictions, chronic illness, communities, and schools (Saleebey, 2013). The strengths-perspective has also been used in social work practice in order to explore a client's strengths and resources in order to help them achieve their goals and plan for the future (Saleebey, 2013). This takes place through uncovering a client's capacities and motivations, and helping them to find pathways to their goals in order to improve their everyday life (Saleebey, 2013).

Within the current research, a strengths-based perspective is used as a lens through which the trans healthcare experience is explored. This provides the research with the ability to uncover unique perspectives on the trans experience that have only recently been touched upon in the literature. This research differs from previous research in the area, as it incorporates not only trans individuals, but also those who have offered support and given meaningful contributions to trans individuals with regard to healthcare, providing a holistic view of the positive trans experience.

It is evident that a need exists for research that looks to an alternative model when exploring the transgender healthcare experience than the traditional deficits-based approach that has dominated the healthcare literature in this area. The use of a strengths-based lens provides a plausible solution in order to fill this gap in the literature. This area needs to be explored while being mindful of the importance of the individual transgender experience and greater context in which trans healthcare occurs. In addition to this, there is a need for a more holistic approach when exploring the trans experience that incorporates not only the transgender individual, but also the healthcare provider, and other individuals who may have an influence on the trans healthcare experiences, as these individuals may come together to create the environment in which positive healthcare experiences occur for transgender people. These gaps in the current knowledge regarding the transgender healthcare experience have led to the current study, which explores the transgender healthcare experience in a strengths-based and holistic way, paying close attention to the greater context in which these experiences occur. This research will lend to the scientific understanding of factors that contribute to positive healthcare experiences for transgender individuals, which can inform the development of future health services and healthcare practice for this population. The need for such research has led to the current study, which aims to answer the following question:

In a deficit-based healthcare system, how have transgender individuals been supported in their efforts to navigate the system to achieve positive healthcare experiences?

Chapter 3: Methodology and Methods

The following chapter outlines the proposed study design, including the research paradigm, methodology, methods, data analysis, trustworthiness, and ethical considerations. An interpretivist paradigm, together with a strengths-based lens and appreciative inquiry as a research tool, is used within a case study approach in the following research. Both in-depth interviews and a document analysis are the data collection methods used by the researcher (a diagram of the proposed research methodology can be found in Appendix B).

Interpretivist Paradigm

In reaction to the enlightenment period in the 18th century, the postmodern interpretivist paradigm came to fruition (Sparkes, 1992). Within this paradigm, it is believed that scientific knowledge is socially constructed and subjective. “The knower and the process of knowing cannot be separated from what is known, and facts cannot be separated from values” (Sparkes, 1992 p. 27), thus the context in which knowledge occurs is considered very important. This paradigm is used in qualitative inquiry (Schwandt, 2000), and relates directly to the current research study, in that perceptions of realities are explored pertaining the transgender healthcare experience. The context in which these perceptions have developed are taken into careful consideration, as an in-depth exploration of the factors that contribute to a positive transgender healthcare experience emerge. Although there are noted differences in the philosophical views of the interpretivist paradigm and the constructivist underpinnings of appreciative inquiry (discussed below), with constructivism highlighting that truth is a result of perspective, and interpretivism focusing on the interpretation of subjective meanings in an objective

way, these views will function well together in the current study, as both are concerned with the subjective meanings and sense making of events and settings (Schwandt, 2000).

Qualitative Research

Qualitative research allows the researcher to gain an in-depth view of the phenomena at hand through conducting a detailed exploration (Patton, 1990). The qualitative approach has been noted as an appropriate means of investigation within the interpretivist paradigm, which allows for a wide range of diverse theories and methods to explore a particular phenomenon (Sparkes, 1992). Qualitative research can be used to explore the meaning that people give to their experiences, and aims in the development of concepts to understand a phenomenon (Al-Busaidi, 2008). This aligns with the purpose of the current study, which is to explore how transgender individuals have been supported in their efforts to navigate the system to achieve positive health outcomes.

Qualitative research has also been suggested as an appropriate means for studying marginalized groups of people, as data collection methods used in qualitative research such as open-ended interviews give an in-depth understanding of the phenomenon and the context in which it occurs (Curry, Nembhard, & Bradley, 2009). To this end, it can be seen that a qualitative approach is an appropriate means in which to conduct the current study. The approach to qualitative research that is used in the current study is appreciative inquiry within a case study methodology.

Appreciative Inquiry

In order to facilitate the above-mentioned strengths-based approach in the current research, appreciative inquiry is used as a research tool that guides the key aspects of the research such as participant selection, the interview process, and data analysis.

The term “appreciative inquiry” was first coined by David Cooperrider and Suresh Srivastva (1987), as they suggested that action research had become focused on deficit, and proposed a new ideology that focused on assets (Fitzgerald, Murrell, & Newman, 2001). Many of the traditional methods of assessing situations assumed that there were problems to be fixed, and therefore had deficiency at their core (Eaton, 2010). Cooperrider and Srivastva suggested that the deficits-based problem solving approaches that were largely being used were counterproductive, as the forms of inquiry that are chosen to investigate any system had a great role in constructing the very systems they inquired into (Busche, 2011). Using a deficits-based approach to explore any given system, would therefore continually lead to the discovery of “problems” which need to be “fixed”, rather than looking to expand on the positive aspects that already exist within the system. With this being said, the generation of new ideas that did not have such deficit-based focus were an important force for change (Cooperrider & Srivastva, 1987). Appreciative inquiry draws upon the belief that every system has aspects that are working well, and by realizing and harnessing the best of what is, an organization can reach its true potential (Cooperrider, Whitney, & Stavros, 2008). More generally, appreciative inquiry can be seen as “the study of what gives life to human systems when they function at their best” (Whitney & Trosten-Bloom, 2010 p. 1). This approach is heavily rooted in social constructivist thought, with an underlying principle that realities are socially constructed (Cooperrider et al., 2008).

Appreciative inquiry flourished as an organizational development approach (Busche, 2011) unique to other organizational development approaches due to its affirmative value choice (Fitzgerald et al., 2001), which looked for the best in

organizations through interviews, and used data to develop a plan for the future based on what is working well within an organization (Eaton, 2010). To date, the appreciative Inquiry approach has been used in a wide variety of organizations, many of which use the 4-D cycle; a process which was developed in 1997 (Busche, 2011) which outlines that discovering what gives life to an organization, dreaming what could be in the future, designing how the positive future can be, and destiny-finding innovative ways to move an organization towards these goals, will create success within an organization (Cooperrider et al., 2008).

With regard to the use of appreciative inquiry as an approach to organizational development within the area of healthcare, there has been increasing acceptance of this approach. This can be reflected in the recent development of guidelines for the successful use of appreciative inquiry in academic healthcare (Williams & Haizlip, 2013). To date, there have been a number of organizational initiatives in healthcare that have used the 4-D process of appreciative inquiry within their organizational development approaches, with results generally showing a positive perception of appreciative inquiry within healthcare organizations, and a view of appreciative inquiry as a new approach to practicing healthcare (Trajkovski, Schmied, Vickers & Jackson, 2012).

Much less developed in the literature than appreciative inquiry as an organizational development approach, is the conceptualization of appreciative inquiry as a research methodology or research tool (Reed, 2007). This “newness” makes it challenging to place appreciative inquiry among existing research methodologies (Reed, 2007). It has been noted however, that appreciative inquiry is well suited to qualitative research which deals with naturally occurring phenomena, and collects data in open-

ended ways (Reed, 2007). Although appreciative inquiry's most obvious connection is to action research, it has also been suggested to be suited to ethnography, narrative, and case study methodologies (Reed, 2007).

Appreciative inquiry can be seen to have clear links to case study due to its focus on a specific bounded system. When using appreciative inquiry in conjunction with case study methodology, the way in which data is collected and interpreted will be affected, as the research must take a collaborative and positive approach (Reed, 2007). Researchers must be careful in defining their case, and this definition may be determined before the data collection begins, or as a more organic process throughout the research (Reed, 2007). Inclusivity and a focus on the positive are key themes that are important to conducting research using appreciative inquiry (Reed, 2007). In addition to this, it is important that when incorporating appreciative inquiry into research, the researcher shifts away from attempting to explain a phenomenon through individual thoughts and actions, but rather as perspectives which are communicated through webs of perspectives and relationships (Reed, 2007). For this reason, appreciative inquiry is highly appropriate for use in the current study.

Within healthcare, literature that clearly indicates the use of appreciative inquiry as a research methodology or tool is scarce, however, to date, some of the ways it has been used can be found in Appendix C. Across the areas of healthcare research which have used appreciative inquiry as a methodology or tool, it has been found to be useful, encouraging provocative propositions for the future, and having the potential to be used across communities for research projects that are collaborative in nature (Reed et al., 2002). Appreciative inquiry has also been found to aid in identifying themes within the

research that would have otherwise gone unnoticed (Reed et al., 2008). Clearly, there needs to be more research conducted within healthcare that uses appreciative inquiry as a research approach, however, the little research that has been conducted in this area holds promise for appreciative inquiry as a fresh perspective to traditionally deficits-based approaches.

Critiques of appreciative inquiry. As both an organizational development framework and a research approach, one of the main critiques of appreciative inquiry is its one-sidedness towards the positive (Fitzgerald et al., 2001; Reed, 2007). A key theoretical concern within research being that the use of appreciative inquiry may give only a partial account of a phenomenon, turning a blind eye to negative stories (Reed, 2007). In response to this, Reed (2007) argues that research is always partial, as no research methodology allows for a complete view of any phenomenon. With this being said, using appreciative inquiry to gain a positive perspective of a phenomenon can provide a contribution to a body of existing knowledge within a study area, and contribute to a more balanced research base in many deficits-focused areas (Reed, 2007). With the literature in transgender healthcare having a clear abundance of deficits-based research, appreciative inquiry will be used as a research tool within the current study in an attempt to establish balance in regard to this topic, and further uncover some of the unique positive perspectives touched on by Greatheart (2013).

Methodological Approach (Case Study)

Within the current study, an exploratory case study is used to explore one case of transgender individuals who have had positive healthcare experiences in Southern Ontario, and those who have been involved in creating a positive healthcare experience

for trans individuals. Case study methodology allows the researcher to “investigate a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (Yin, 2009 p. 18). This methodology is well suited to the current study, whereby the perceptions of transgender individuals are highly important, and the context in which these experiences occur must be understood. It has also been suggested that the case study is well suited to answering “how” and “why” questions without the use of an experimental design (Yin, 2009).

Within case study methodology, a focus is placed on the researcher’s decision regarding which individuals or data will be included in the research, and which will be excluded- defined as the boundaries of the case (Baxter & Jack, 2008). Given that the boundaries of the case are difficult to define in the current study, as the individuals who have a meaningful role in positive healthcare experiences for transgender individuals could not be pre-determined at the outset of the study, the current research takes a flexible design. A flexible case study design allows the researcher to modify the study design and parameters of the case as new information is learned and discovered throughout data collection (Yin, 2009). This flexible design is discussed further in “data collection procedures”. Despite this flexible design however, at the outset of this study it was clear that transgender individuals who did not identify as having positive healthcare experiences would not be included in the study, and transgender individuals outside of Southern Ontario would also not be included in the study.

Critique of case study. The case study approach in general has been critiqued regarding confusion surrounding this term (Liamputtong, 2011). Case study has been

conceptualized as a method, a methodology, or a research design (as cited in Liamputtong, 2011), which has led to some debate about this qualitative research approach (Liamputtong, 2011). Van Wynsberghe, & Kahn (2007) argue that case study is not a method for collecting data, due to the fact that information cannot be collected using case study 'method', but rather collected using other methods such as interviews, focus groups, document analysis, surveys, and observation. For the purposes of this study, case study is seen as a research methodology in which a bounded system is explored in-depth.

Methods

Data collection methods (semi-structured in-depth interview & document analysis). As outlined in case study research it is important to consider the use of multiple methods in order to truly understand the phenomena of interest (Yin, 2009). The current study uses semi-structured in-depth interviews as well as a document analysis in order to acquire information pertaining to the case. The in-depth interview is a data collection method that assumes that people have specific information about the social world, which can be articulated through verbal messages (Liamputtong, 2011). While gaining information from the participant, the in-depth interview also takes into account that knowledge is constructed, and meaning is made during the interview process through the interaction of both the researcher and the participant.

The in-depth interview takes the thoughts, perceptions, feelings, and experiences of the participant into account (as cited in Liamputtong, 2011), and has been identified as one of the most important sources of collecting data when using case study methodology (Yin, 2009). Therefore, interviewing is a method that is well equipped to address the

purpose of the current study. In-depth interviews have also been suggested as a good means for collecting information from vulnerable and marginalized groups (as cited in Liamputtong, 2011), which was also a consideration in the selection of this data collection method.

Interviews are semi-structured, with sensitizing concepts, which were used as an interpretive device, and gave the researcher a guide in approaching the empirical data (Bowen, 2006). In this case, sensitizing concepts were strengths-based in nature, and related to positive healthcare experience for transgender individuals, tying directly to the above mentioned research question. In order to effectively interview for participant and healthcare system strengths, the suggested forms of strengths-based questions developed by Saleebey (2013) were used. In addition to this, the appreciative inquiry interview tips developed by Cooperrider et al. (2008) were used, as they provided insight into how to form appreciative probe questions (found in Appendix D). In order to stay true to the nature of appreciative inquiry, interviews take a conversational approach, allowing for each participant to feel that they are special and ensure their comfort (Cooperrider et al., 2008).

An interview guide (which can be seen in Appendix D) was used in order for the researcher to have a clear guide in addressing sensitizing concepts, and helped the researcher cover all the areas that were to be examined (Liamputtong, 2011). The use of an interview guide has also been suggested as an effective strategy for conducting interviews with appreciative inquiry (Whitney & Trosten-Bloom, 2010). The interview guide includes both interview questions, as well as probing questions in order to obtain information-rich data. Further probing questions also resulted from the discussion on the

topics that the interviewee brought up. Interviews took approximately 45 minutes–2 hours in length, in order obtain data-rich information, but also keep the well-being and time considerations of participants in mind. Although the interview guide was a useful tool for the interviewer, as it ensured preparedness in approaching the interview setting, in keeping with the context of appreciative inquiry (Reed, 2007), the interviewer was also spontaneous with questioning when needed.

Interviews were conducted in locations that were agreed upon between the researcher and the participant, and the researcher discussed the location with each participant to ensure that the participant felt safe and comfortable at the chosen location. A research office at Brock University was made available if that was the desired location for the participant. In the current study, both the private research office and participant's homes were used as suitable locations. Interviews were recorded using an audio recording device in order for the researcher to review and transcribe the interviews for data analysis.

Document analysis was used as an unobtrusive method in order to review any written documentation which participants felt would enhance the research study. This included any policy documents, fact sheets, memos, or documents outlining strategic priorities in regards to transgender people, from the service provider's organization, as well as any documents that transgender participants or friends/family/significant others participating in the study felt were important.

Document analysis is considered an inexpensive and quick way to address research questions, and can be used along with other data collection methods (Liamputtong, 2011), which contributed to triangulation of methods. Document analysis

can aid the researcher in learning about society by examining the material items produced within the culture (Liamputtong, 2011). For this reason, document analysis was well suited to the current study, as it provides a means of understanding the culture in which positive transgender healthcare experiences occur. Upon agreement to participate in the current study, participants were asked to provide any documents to the researcher at the date and time of the interview. Other documents that were considered important such as documents from government organizations (i.e. Ministry of Health and Long-Term care), professional associations (i.e. College of Physicians and Surgeons), and service organizations (i.e. community agencies), were also sourced through an Internet search.

Data collection procedures. Purposeful sampling and a snowball sampling strategy were used in the current study. Purposeful sampling allows the researcher to select information rich cases in order to illuminate the issues of central importance (Patton, 1990). For certain research questions, it has been suggested that purposeful sampling can allow the researcher to select a small sample, but learn a great deal more about the needs and interests of a particular group by studying the group in-depth rather than gathering standardized information from a large sample (Patton, 1990). This was well suited to the current study, whereby transgender individuals who had positive healthcare experiences, and those who contributed to these positive experiences were considered information rich, and gave important insight into what factors were important in the positive healthcare experience for this population. Each individual participant determined their definition of a positive healthcare experience, and the researcher probed participants about how and why they define a positive healthcare experience in the ways they had chosen (refer to Appendix E).

The snowball approach is a means of locating information-rich informants by asking individuals who are well situated within the topic area to recommend other participants for the study. From the suggested participants, more participants can be recommended, thus resembling a snowball that continues to grow (Patton, 1990). Within the current study, the key informant to begin the snowball approach was a transgender individual who was involved with a local transgender support group in Southern Ontario.

The snowball approach allowed for the researcher to gain consent from participants before having contact with individuals who they considered significant in providing trans people with positive healthcare experiences. Especially in the case where healthcare providers were interviewed with regard to the transgender participants, consent was extremely important.

Through the initial transgender participant, further participants were then referred to the study. Transgender participants were in varying stages of transition, showing that the factors that contributed to positive healthcare experiences were not strongly influenced by a trans person's stage of transition. Participants were also of varying sexual orientation, confirming the existing literature that sexual orientation is not associated with trans individual's satisfaction with sex reassignment surgery (Lawrence, 2003), and therefore was not influential on trans individual's positive healthcare experiences.

The selection of one initial transgender participant was deemed an appropriate number, as the researcher and her supervisor agreed this number would provide appropriate insight required for the study, and was reasonable for the limited time frame of graduate studies. In addition to this, it has been noted by Yin (2009) that since a sampling logic (such as the calculation of sample size based on statistical confidence

levels) commonly used in quantitative research should not be used in qualitative case study research, typical criteria for selecting sample size become irrelevant.

In order to recruit transgender individuals, the initial trans participant was provided with a letter of invitation by the researcher. Beyond this point, participants in the study were provided additional letters of invitation by the researcher, which they were able to disseminate to other individuals who they felt had either supported them in having positive healthcare experiences, or were other transgender individuals who had positive healthcare experiences. From there, individuals who had received a letter of invitation could contact the researcher in order to participate. This letter of invitation clearly stated that the study takes interest in trans individuals who considered themselves to have had/be in the process of having positive healthcare experiences, and those who have supported trans individuals in having positive healthcare experiences.

Once the initial transgender participant was contacted and suggested to the researcher that she would like to participate in the study, the snowball approach began, whereby the transgender individual recommended other transgender individuals who may have had positive healthcare experiences, as well as service providers and individuals who they considered meaningful in providing positive healthcare experiences for transgender people to the study. From this point, any individuals who were considered important to these recommended individuals within the context of trans healthcare were also considered for participation in the study, creating a web (or bounded case) of individuals which contributed in some way to positive healthcare experiences for the transgender population. By allowing the participants to recommend further individuals that may participate in the current study, they contributed to the definition of the case

boundaries. This can be seen as a contribution towards participant inclusivity within the current study, which has been identified as an important theme when conducting research with appreciative inquiry (Reed, 2007). In addition to this, allowing participants to set the boundaries of the case put them in a position of power, which has also been expressed as an important factor in appreciative inquiry research (Reed, 2007). By allowing the participants to contribute to the case definition, some of the power associated with the researcher position that may be found in the research setting was re-balanced, allowing for effective collaboration between researcher and participant.

The current study included ten participants. Due to the fact that sample size is often ambiguous when using the qualitative approach (Patton, 1990), the researcher and her supervisor agreed upon this number of participants, as it was appropriate for graduate level work and provided sufficient in-depth information for the case.

Data analysis (thematic analysis). In the current study, thematic analysis was used to sort and make sense of data. Thematic analysis is an analytic method of “identifying, analyzing, and reporting patterns (themes) within data” (Braun & Clarke, 2006 p. 79). This analytic method is not tied to a predetermined theoretical framework, and thus can be seen as different from grounded theory analysis that describes patterns within data while being theoretically bound (Braun & Clarke, 2006). Themes within this method are determined through the judgment of the researcher, and can be seen as flexible in nature (Braun & Clarke, 2006). A theme must capture important aspects of the data, and be tied to the research questions within a study. With the novice research skills of a graduate student in mind, thematic analysis was chosen, as it has been suggested as a

relatively easy way to conduct a good analysis in qualitative research, especially for those who are in the process of mastering the qualitative technique (Braun & Clarke, 2006).

The current research used a rich description of the data, whereby the themes that were identified and analyzed represented the content of the entire data set, and provide the reader with an understanding of predominant themes within the data (Braun & Clarke, 2006). A rich description has been suggested when investigating a previously unexplored research area (Braun & Clarke, 2006), and was therefore appropriate for use in the current study.

In addition to a rich description, the thematic analysis also took an inductive approach, with the researcher coding without trying to fit data into a pre-determined framework (Braun & Clarke, 2006). With this being said however, research questions, as stated above, were pre-determined, therefore the researcher was mindful of this in the coding process.

With regard to appreciative inquiry, it has been noted that there is no single proper way of conducting analysis (Cooperrider et al., 2008). Within the context of appreciative inquiry as an organizational development framework however, the process of identifying themes that appear within participant's stories is well noted (Cooperrider et al., 2008; Magruder Watkins, Mohr, & Kelly, 2011). When using a case study approach with appreciative inquiry, the researcher must be transparent in how they present their interpretations of the data (Reed, 2007). This suggestion was taken under careful consideration in the current study, as the researcher provided a thick description of her interpretation of the data, allowing for the reader to understand the reasoning behind these interpretations.

In order to effectively conduct thematic analysis in the current study, the phases of thematic analysis developed by Braun and Clarke (2006) were followed. These phases include: familiarizing yourself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. These six phases of thematic analysis were followed within the case, and the researcher examined data based on the participant's status as a trans individual, healthcare provider, and /friend/family member/significant other in order to see converging and diverging themes with respect to this grouping.

The analysis process. Upon collection of each interview, the researcher transcribed interviews, as it was noted that the transcription process can be seen as a necessary step to get a first-hand experience of processing the collected data (Roulston, deMarrais, & Lewis, 2003). After completion of the first three interviews, the researcher began to read the transcripts in depth, and plot out any key words and patterns that began to emerge on a large piece of paper, in order to get a sense of the themes that could potentially emerge in the data, and ensure that areas of interest were present in the data, incase adaptation of the interview guide was needed. Transcripts were then uploaded to NVivo10 computer software, where the data was organized and sorted into thematic groups. In addition, thematic grouping of relevant documents found by the researcher took place, and this data was merged with interview data where appropriate. Themes that emerged relating the positive transgender healthcare experience were identified and interpreted with the use of the strengths-based approach with appreciative inquiry as a research tool.

Critiques of thematic analysis. One of the main critiques of thematic analysis is that “anything goes” when using this method, as little guidelines have previously existed for conducting a quality analysis with this approach (Braun & Clarke, 2006). In the current study, the six phases outlined by Braun and Clarke (2006) were followed in order to ensure that structure was maintained and the researcher had guidance.

Trustworthiness

Trustworthiness in qualitative research refers to the rigor of a study, and stems from the term validity commonly recognized in quantitative research methodology (Liamputtong, 2011). In order to obtain a trustworthy study, four criteria have been proposed by Guba (1981), which include credibility, transferability, dependability, and confirmability. The following will touch on these concepts, and provide ways in which these criteria were upheld within the current study in order to achieve trustworthiness.

Credibility. Credibility is a concept that resembles the term ‘internal validity’ in quantitative research, and is considered an important criterion for trustworthiness (Liamputtong, 2011; Shenton, 2004). Credibility refers to whether participant’s words and the representation of these words by the researcher are a good fit (as cited in Liamputtong, 2011 p. 21). In the development of the concept of credibility, there is an understanding that realities are constructed by people and are context dependent, requiring an authentic representation that can be seen as such by the participant (as cited in Liamputtong, 2011).

Within the current study, credibility was ensured in the following ways: the research methods used were well established, triangulation was used, tactics were used in order to ensure honesty, negative case analysis was conducted, frequent debriefing

sessions took place between the researcher and supervisor, and a thick description of the phenomena under study was given (Shenton, 2004).

The use of research methods that are well established refers to the idea that the correct measures are being used for the concepts under study (as cited in Shenton, 2004). Within the current study, the in-depth interview method was well suited to studying marginalized groups, and has been well established as a common method in qualitative research (Liamputtong, 2011). Document analysis enhanced the data collected through interviews, and had also been suggested as a commonly used unobtrusive method in qualitative research.

Triangulation can refer to the use of many methods in order to compensate for any shortcomings of one particular method alone (as cited in Shenton 2004). In the current study both in-depth interviews as well as document analysis were used in order to enhance trustworthiness, and avoid the negative effects that may be associated with the use of any one method alone. Triangulation can also refer to the use of many perspectives on the data (theory triangulation) (Yin, 2009). In the current study the researcher's supervisor reviewed the data and offered her perspective on any themes that emerged.

Tactics to ensure honesty of informants refer to the researcher being open and honest with participants, building rapport, and providing participants with the opportunity to refuse to participate in the study (Shenton, 2004). In the current study, the purpose of the research was clearly outlined to participants prior to conducting interviews, and rapport was established before, and during interviews, as the researcher provided introductory questions to put the participant at ease in the beginning of the interview

(refer to appendix E), and used self-disclosure where deemed appropriate throughout the interview.

Negative case analysis refers to the inclusion of cases that do not support, or may contradict emerging themes, so that all accounts of phenomena are included (Shenton, 2004). This was addressed within the current study, as data were analyzed to include any themes that did not match those the researcher deemed as emergent. In the current study, there were no cases that contradicted main themes that emerged during the analysis process.

Frequent debriefing sessions refers to debriefing of the researchers superior, so that many perceptions of the data can be viewed, and alternative approaches can be brought to light (Shenton, 2004). Within the current study the researcher was in close communication with her Master's supervisor and thesis committee, therefore many different viewpoints were seen in the development of the research project.

Peer scrutiny of the research project refers to the review of the study by colleagues, peers, and academics in order to gain a fresh perspective on the study at hand (Shenton, 2004). In the current study, this took place, as the study was reviewed in depth by the supervisor and thesis committee members.

Thick description of the phenomena under study refers to a detailed description of the investigation, as well as the context in which it occurs (Shenton, 2004). In the current study, the context in which transgender individual's and service provider's experiences occurred were of great importance, and, as previously mentioned, a rich description of accounts was be given. Within the written report, direct quotes of participants were included where the researcher deemed appropriate in order to give the reader an

understanding of themes that emerged in the study using messages that participants conveyed in their own words. A full case description story was used as well, in order to highlight the major findings within each participant group, as well as across participant groups.

Transferability. Transferability resembles external validity in quantitative research (Liamputtong, 2011; Shenton, 2004). Although the goal of qualitative research is not to generalize findings, it remains important that the reader can gain insight into the context in which the study occurred, so that findings can inform future research and practice (Liamputtong, 2011). It has been suggested that in order to achieve transferability, the researcher should provide a thick description of both the phenomena as well as the context in which it occurs (Shenton, 2004). As mentioned above, context was of great importance within the current study, and a thick description of the phenomena was given throughout. Shenton (2004) also suggests that within the written report of the study the following boundaries of the study be clearly identified: The number of organizations taking part in the study and where they are based, any restrictions in the type of people who contributed data, the number of participants involved, data collection methods employed, the number and length of data collection sessions, and the time period over which the data will be collected. In order to maintain transferability, the above-mentioned boundaries have been identified when appropriate (in order to ensure proper confidentiality) in the written report of the current study.

Dependability. Dependability represents the term reliability in quantitative research (Laimputtong, 2011; Shenton, 2004). In order to achieve dependability within a qualitative study, the processes throughout the study should be thoroughly documented

(Laimputtong, 2011; Shenton, 2004). In order to establish this within a study, an audit trail was a plausible means of tracking and recording the researcher's process. An audit trail consists of the researcher documenting decisions made surrounding the methodology and data collection methods used in the study (Laimputtong, 2011). The use of an audit trail has also been recommended when conducting research using appreciative inquiry (Reed, 2007). Therefore, in the current study, an audit trail was used in order to attain dependability, whereby the researcher recorded the research process as it unfolded according to the research plan.

Confirmability. Confirmability is representative of objectivity in quantitative research (Laimputtong, 2011; Shenton, 2004). Confirmability is seen as the degree to which findings of the study represent information given by the participants, rather than the interests and biases of the researcher (as cited in Laimputtong, 2011 p. 22). In order to attain confirmability, some of the suggestions made by Shenton (2004) include a thick description of study methodology, an audit trail, and researcher reflexivity. Of these suggestions, it was previously discussed that thick description and an audit trail were incorporated in the current study. Researcher reflexivity was also a very important factor within the study, and has been discussed further in the section titled 'Reflexivity'.

Ethical Considerations

The current study adheres to Brock University's human research ethics policies and procedures, which are based in the Tri-council policy on research ethics for human participants. The researcher has also completed the Tri-Council Policy Statement Module on the ethical conduct for research involving humans. In order to ensure that ethical principles are maintained, an application for ethical review of the proposed study was

submitted to Brock University's Research Ethics Board. Clearance was obtained before any participants were contacted, and any data was collected. In order to receive clearance, both informed consent, and confidentiality was ensured.

Informed consent involves informing all participants of the purpose of the research, and its potential benefits and risks in a way that participants can understand, so that participants can make an informed decision whether or not they would like to participate (as cited in Liamputtong, 2011). In the current study, all participants were informed that the purpose of the study was to describe how positive healthcare experiences are created for transgender individuals, and what specific factors contribute to these experiences. Participants were welcome to provide as much detail as they wished to disclose about their personal experiences. A letter of informed consent was provided to all participants before conducting interviews or accepting documents, and was signed by participants prior to interviews. It was also outlined within the informed consent letter that participants had the right to withdraw from the study at any point in time for any reason.

In order to maintain confidentiality, all participant information (including personal information, voice recordings, and interview transcripts) was kept in two locked research office drawers, and separated to ensure names cannot be linked to participant's data. By allowing the participants to suggest locations for the interview confidentiality was also enhanced in the study.

Along with the typical ethical provisions taken to protect participants in human research, it should also be noted that special ethical considerations are needed when studying vulnerable groups (James & Platzer, 1999; Liamputtong, 2011; Martin &

Meezan, 2003). Given that the current study involved a marginalized group in society, there was a strong emphasis on ethical considerations throughout the entire study process, as these individuals may have had negative experiences with research in the past.

Although there has been little research on the specific ethical considerations needed when conducting research on transgender populations, it has been widely noted that special considerations are needed when studying gay and lesbian populations. Some of the ethical issues that can arise when conducting research with gay and lesbian populations were deemed important within the current study including; the power imbalance between the researcher and participant, the researcher's lack of understanding of the language and culture, memory recall causing distress to participants, emotional distress of the researcher, and representing findings without feeding into negative cultural stereotypes (James & Platzer, 1999).

In order to attempt to avoid or minimize the above-mentioned issues, a number of precautions took place before data was collected. The researcher built rapport with participants in order to restore balance to an unequal power dynamic. This was done before, and during the interview process through initial contact with participants, as well as the inclusion of an introduction of the researcher and introductory questions which let the participant choose where they would like to engage in their interview (Liamputtong, 2011).

In order to have a better understanding of transgender language and culture, the researcher met with one transgender individual (who then chose to participate in the study) prior to conducting interviews whereby a brief discussion took place regarding transgender culture, which went hand-in-hand with the knowledge acquired from the in

depth literature review which has been conducted above, therefore the researcher felt well prepared before interviewing any participants.

Although it was hard to anticipate if and when a specific interview question may cause the participant to experience distress in recalling a painful memory, counseling services were provided in the participant debriefing sheet. The counseling services given were culturally competent, and readily available to participants as suggested by Martin and Meezan (2003).

Reflexivity

Researcher reflexivity has been noted as an important aspect when conducting research on vulnerable groups (James & Platzer, 1999; Liamputtong, 2011). Reflexivity can be defined as “An acknowledgement of the role and influence of the researcher on the research project. The role of the researcher is subject to the same critical analysis and scrutiny as the research itself.” (Liamputtong, 2011 p. 340) Just as there are special ethical considerations that need to be emphasized when looking at the experiences of transgender individuals with the healthcare system, there is also a special need for the researcher to identify themselves, and be mindful of this identity throughout the research process.

Identifying as an educated heterosexual female, there was a need for this to be considered not only in the interpretation and reporting of study findings, but also in the way in which questions were posed, and the specific direction that the conversation flowed. I acknowledge that I came to this endeavor as a novice researcher who began to take an interest in sexuality and gender identity in undergraduate years. With many close friends and family members identifying as lesbian or gay, I began searching the literature

in this area in the beginning phases of my graduate program only to find that only a small, and highly deficits-based volume of literature exists in regard to the transgender population. In addition to this, I found myself questioning the term “LGBT”, wherein trans individuals seem to often be under-represented, and confusion between sexual orientation and gender identity may flourish. The further I explored this area, the more passionate I became about contributing to change both in the research that exists with trans people, as well as the overall perceptions of the current state of healthcare for this population.

I consider myself to be a trans-ally, that is, “someone willing to stand up and fight for the basic human rights and dignity of all trans people” (as cited in Greatheart, 2010 p. 10). This is being said however, with the acknowledgement that I, myself, am not an expert in the ways of trans culture. My position in the current research was as someone who is open to learning throughout my research process, and I made every attempt to be sensitive and respectful regarding trans issues as I embarked on my own journey.

In order to use reflexivity as a tool throughout the current study, I used reflexive notes throughout the entire research process. These notes were then incorporated into the findings of the current study.

Before proceeding to the findings section it should once again be noted that the current research is to be seen as part of a body of work, which, in its current state, is largely deficits based. This research is a contribution to achieving balance in the existing literature, and should not be read under the assumption that the healthcare system is functioning optimally with respect to care for trans individuals, as it has been made abundantly clear that this is not the case. Rather, this research acknowledges that there

are trans individuals who have navigated the system to achieve positive healthcare experiences, and the factors that contribute to these positive experiences need to be explored in order to provide insight as to how healthcare can be improved in the future for this population.

Chapter 4: Results

The following results section encompasses two distinct, but complementary sections. The case description is first presented, providing a contextual understanding of themes and quotes that are then presented in the second section. The second section includes the thematic analysis, which describes key themes in the macro, meso, and micro levels, which are highlighted through quotes from the participants.

1.0 Case Description

Below, the characteristics of the case in the current study will be described, which unfolded throughout the study as a result of the snowball sampling strategy.

1.1 Participants. For this case, five transgender participants, three friends/family/significant others, and two healthcare providers were interviewed between February-May 2014, resulting in ten participants within the bound case. The case began with one transgender participant who was recruited through a transgender organization in Southern Ontario, who then referred two friend/family/significant others to the study, one other transgender individual, as well as one healthcare provider who had supported trans individuals in having positive healthcare experiences. In alignment with the snowball sampling technique, additional individuals were identified by the participants. A full view of the participant referral chain can be seen in Figure 1. In the current study, the case is bound through the snowball sampling approach, as all participants are connected, in that they were referred to the study through those who had already participated. With the individual experience being of importance in the current study, the unit of analysis can be said to be on an individual level, with the specific context in which positive healthcare experiences occur being highlighted throughout the study.

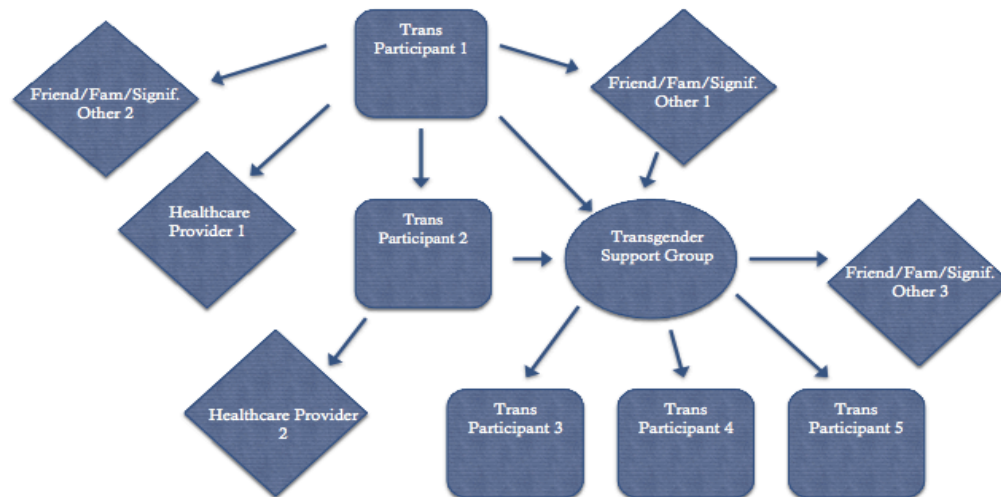


Figure 1. Participant Referral Chain

As can be seen in the above diagram, a number of participants were referred to the study through the two transgender participants, and one friend/family/significant other who were involved in a local support group. For this reason, the support group is included in the participant referral chain, as it is not clear who directly referred the resulting participants to the study. In this case, the transgender support group functioned as a platform for initial participants to refer others in the support group to the study, resulting in additional transgender participants, and friends/family/significant others.

It is important to note that ten participants were interviewed in this study, with the focus on how transgender individuals navigated the deficits-based healthcare system in order to achieve positive healthcare experiences. Of the five transgender individuals in the study, all were Caucasian, four individuals identified as male to female, and one individual identified as female to male. All trans individuals in the study self-identified as having had positive healthcare experiences that they were willing to share for the purposes of this research. Of the three friends/family/significant others involved in the study, all three individuals were identified by one of the five transgender participants as

being a support for trans individuals in having positive healthcare experiences.

Friends/family/significant others are referred to as one group, rather than three distinct participant groups in this study, in order to provide these participants with the comfort that they would remain anonymous and not identified through their quotations. Through the analysis their interviews were analyzed separately and examined together to determine if there were any major points of divergence. Through the analysis it was clear that there were no major points of divergence and that the information provided across the groups was uniform and consistent in terms of themes. Both providers who were referred to the study had also been identified by one of the trans individuals in the study as being a support in creating positive healthcare experiences. One provider in the study identified as a therapist, and the other a social worker. Of the ten participants, there were no formal documents that had helped trans individuals have positive healthcare experiences provided to the researcher throughout the course of the study. Through document analysis conducted by the researcher, documents were collected following the completion of participant interviews (shown in Appendix F), whereby they were incorporated with the emergent themes where appropriate.

One local area transgender support group (seen in Figure 1) played an important role in the development of the bound case that emerged in the current study. As shown, many participants (and all transgender individuals) in the current study had a connection with this local support group. Some individuals in the study had a long-standing connection within the group, and had active roles within the group, whereas others described themselves as being newer to the support group.

In the current case, all three participants groups were first analyzed separately by the researcher to allow for relevant themes to emerge. It was with this separate analysis that the case was illuminated, as the themes that began to surface converged across participant groups. The current case has a specific focus on transgender participants, as it is the positive experiences of this participant group specifically that is of interest in the current study. With this being said, transgender participants are represented more frequently than other participant groups in the following thematic analysis. Within the case, the themes that arose from friends/family/significant others and healthcare providers supported the themes that emerged from transgender participants. Representation of friends/family/significant others, and healthcare providers is therefore slightly less frequent in the current study, however equally important in providing insight into the current research question.

1.2 Case narrative. In all three participant groups, it was acknowledged that social factors directly influence the success trans individuals will have in the healthcare system. In addition to the social stigma associated with gender non-conformity that was seen as a reoccurring pattern expressed in the current study, participants largely discussed privilege, emphasizing that those transgender individuals with a number of layers of privilege (i.e., racial, employment, and economic privilege) were more likely to have positive healthcare experiences. Although it appeared to the researcher that participants in the study had varying levels of privilege, all transgender participants in the study identified as having had positive healthcare experiences, indicating that high levels of privilege alone do not determine positive healthcare experiences.

Participants in the study recognized that there were a number of supports that were important in order for transgender individuals to have positive healthcare experiences. Within all three participant groups, these supports were described on a large-scale healthcare system level, within a local context, as well as on a personal level. This led to the delineation of these levels of support in the current study as macro, meso, and micro level healthcare support systems (which is shown in the thematic analysis).

Through looking to the different levels of support that were perceived by participants, it was clear that these different levels were interconnected. The impacts of the support provided to transgender individuals in large-scale infrastructure and policy linked to the support that was provided in local organizations, and in turn impacted the personal strengths and strategies that were needed by transgender individuals in order to be successful in having positive healthcare experiences. On the large-scale (or macro) level, the current case revealed many areas of improvement needed in the healthcare system with respect to transgender care. In order to compensate for current deficits on this level, many strengths were developed at both the local, meso support system level through organizations, healthcare providers, and other supports, and at the personal level by transgender individuals. This will be described in more detail in the following thematic analysis.

2.0 Thematic Analysis

The themes that emerged from the qualitative interviews are classified into four distinct, but interconnected categories: defining the positive healthcare experience, and macro, meso, and micro levels of support characteristics. The interconnectedness of these categories must be stressed, as they function together to create the overall healthcare

experience, therefore the separation of these levels is merely to allow for an easier comprehension of study results. Themes were determined through the triangulation of all three participant groups in the study, with an emphasis on transgender participants. Throughout the thematic analysis, representation of all participants in the study can be seen in the quotations provided. In the transgender participant group, one transgender participant was quoted slightly more frequently than other participants, however, quotes from this particular participant represented the themes that emerged taking all participants into consideration, and were often worded in a way that best conveyed the emergent themes and sub-themes. Within the four categories, seven key themes emerged that illuminated how transgender individuals are supported to navigate the deficits based healthcare system in order to have positive healthcare experiences. These seven themes contributed to the key recommendations made by the participants for creating positive healthcare experiences for transgender individuals (refer to Figure 2).

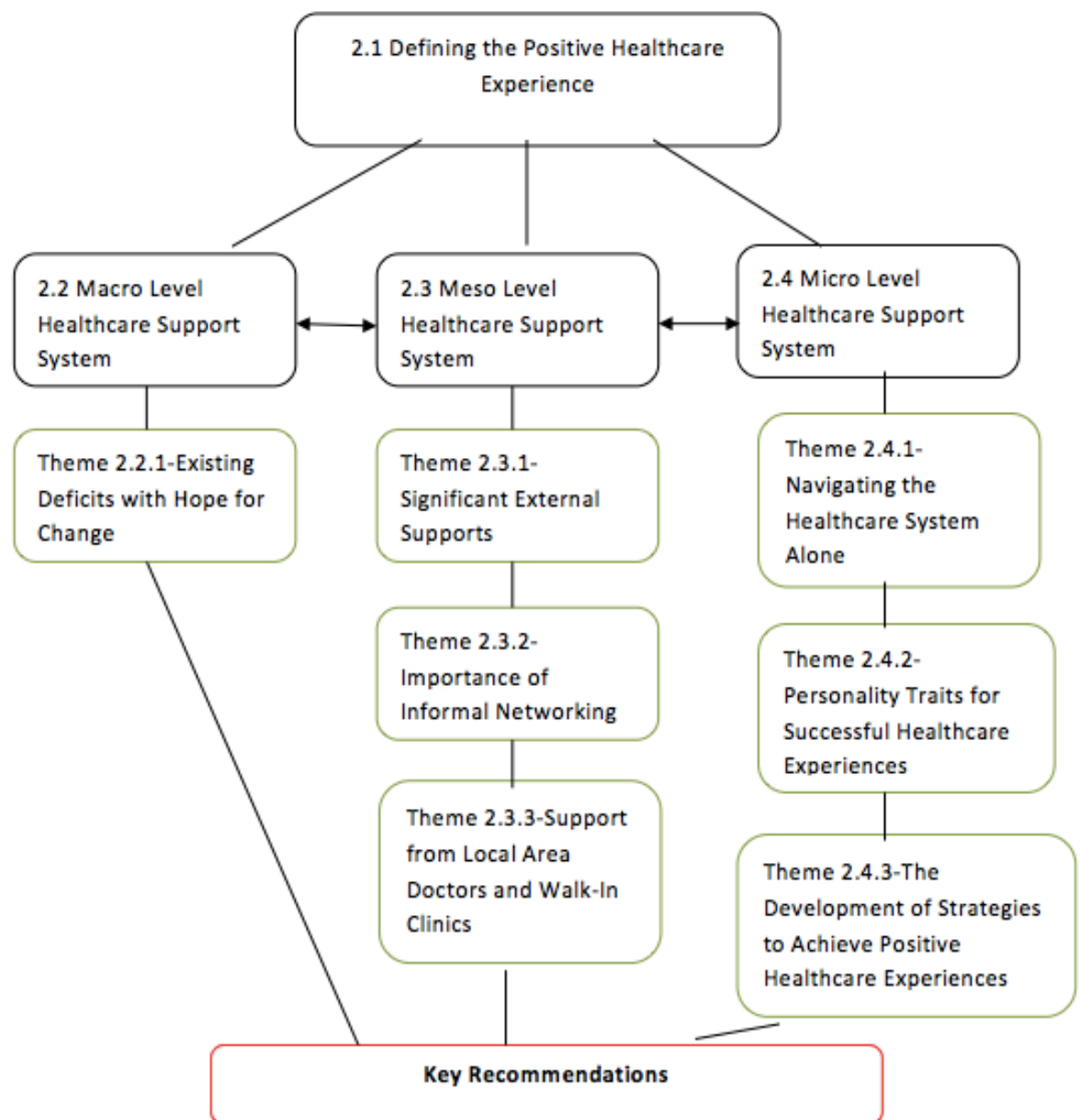


Figure 2. Defining the positive healthcare experience, and macro, meso, and micro level support characteristics contributing to key recommendations for enhancing transgender healthcare

Below, each of these themes are described in detail, and supported with one quote in order to provide an in-depth understanding of the theme.

2.1 Defining the positive healthcare experience. Participants in the study were asked to define positive healthcare experiences for transgender individuals, which then allowed for an understanding of the content of these experiences, thus contextualizing the experience in light of the other emerging themes. When asked to define a positive healthcare experience, transgender individuals were probed regarding provider characteristics, patient outcomes, and the physical healthcare setting when appropriate. It was found that provider characteristics were most commonly noted when defining a positive healthcare experience for transgender individuals. Amongst provider characteristics, it was shown that provider respect, knowledge, willingness to make referrals, and ability to have a connection with trans people were important factors in creating positive healthcare experiences. In defining positive healthcare experiences, the participants outlined the importance of factors within the physical environment in which healthcare experiences take place such as cleanliness and lighting as being important factors in their positive experiences. One healthcare provider described her workplace as having many subtle indicators of LGBT friendliness, such as stickers and books which they used to help create a supportive environment. Highlighting the importance of provider characteristics to the positive transgender experiences, one transgender participant discussed respect from providers when she stated:

“I’ve had some experiences where the positive nature of the experience was simply the respect that I received from the people at the, you know the provider.”

Another transgender participant touches on the significance of having a connection with her healthcare provider when reporting:

"Well the medical professional should be able to identify with you, compassion, willing to listen, avoiding the buzz words because you want to establish rapport, so I guess going back to the original point was having that connection. When you have that you have everything."

The following categories describe how these positive experiences defined above were created from the perspectives of all the participants.

2.2 Macro level supports. This category is defined as the macro level supports relate to policy, structural, and training elements contributing to the functioning of the health system. Although the participants were asked to discuss the positive aspects in this level of support, it was evident that there were relatively few as they related to the system. It is important to acknowledge the barriers within the system as they provide a framework for understanding how system deficits are overcome in meso and micro level support systems. Within this category, one main theme emerged: existing deficits with hope for change.

In the following section outlining the macro level healthcare support system, the first theme (existing deficits with hope for change) will be discussed, leading to three distinct subthemes (policy around transgender healthcare, a need for more formal transgender healthcare structures, and insufficient provider training), which interact, and contribute to increased healthcare wait times, and segmented healthcare and transportation. This can be seen in Figure 3.

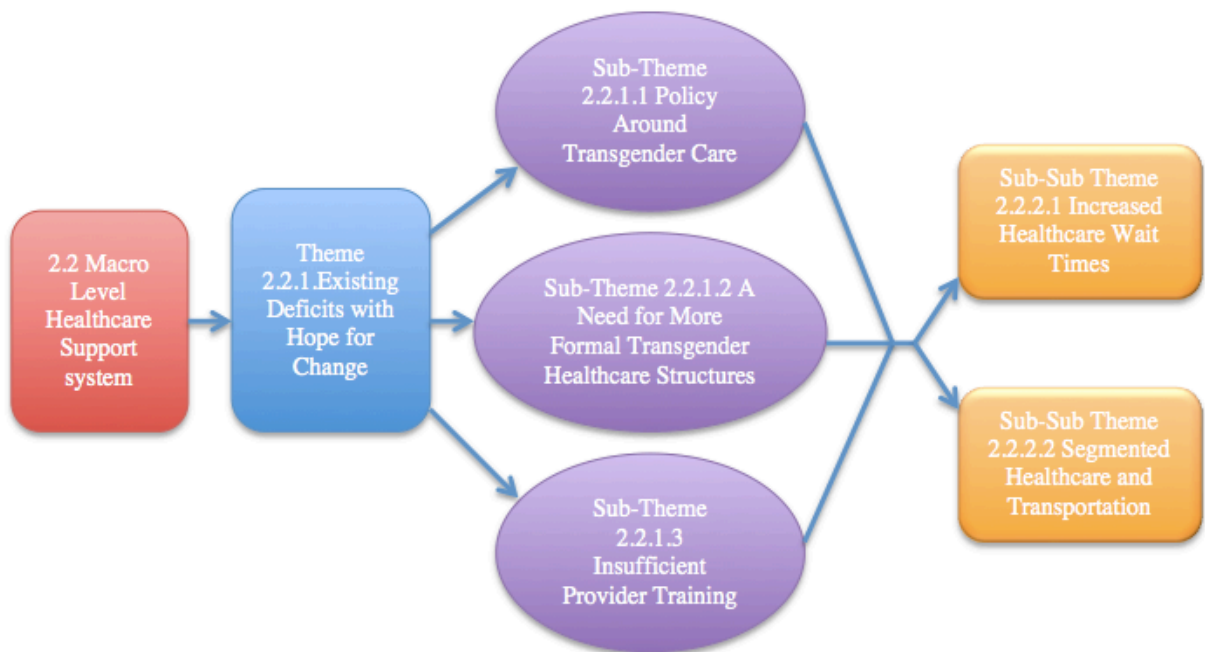


Figure 3. Themes, sub-themes, and sub-sub themes in the macro level healthcare support system

Theme 2.2.1: Existing deficits with hope for change. Transgender individuals, friends/family/significant others, and healthcare providers reported many deficits that exist within the healthcare system with respect to policy, existing healthcare structures around transgender care, as well as a lack of formal provider training. In spite of these deficits however, it was expressed that positive changes were emerging within the healthcare system.

2.2.1.1 Sub-theme: Policy around transgender healthcare. Within all three participant groups, it was reported that healthcare policies do not properly support transgender individuals. The Center of Addiction and Mental Health (CAMH) was the main structure that was referenced with respect to transgender healthcare policy, and it was noted that the policies currently in place make it difficult for trans individuals to

access the healthcare they need. Many participants acknowledged the past negative reputation that CAMH had with the trans community, as it was expressed that transgender individuals were often turned away from care that they needed. Currently, within the policies at CAMH it was emphasized that the approval process for both hormone therapy and SRS were lengthy in terms of wait-time, and that the Real Life Experience required by CAMH was frustrating. Further, finding appropriate ways to document this Real Life Experience, as required by CAMH also caused frustration, as those individuals not enrolled in school or in the workforce expressed uncertainty as to how to document their experience. A transgender participant highlighted the policy barriers that exist at CAMH by stating:

“There are enormous barriers all over the place. I once saw one panel comic in the paper which was the sign at the wicket said DMV which is you know in the U.S. it’s the department of motor vehicles, and the person is standing in the line and there’s like a hoop of fire, and there’s lions there and you know various other things, and the person at the wicket is saying “because we can”, you know, do you want your license or not? And so I took that and scanned it in and changed the wording to say “CAMH” and you know. That’s what it felt like. It felt like they just put all these barriers in your way because they can. They want to see how much you want it. And it’s really not like that, it’s just those barriers exist.”

Despite existing policy challenges, it was expressed by all three participant groups that changes are beginning in the system that may have a positive impact on the experiences of transgender individuals in the future. For example, trans individuals and healthcare providers discussed the importance of Rainbow Health Ontario, which is a province-wide program developed in 2008, founded by Sherbourne Health Centre and the Rainbow Health Network (Rainbow Health Ontario, 2013). Not only does this program provide a searchable database when looking for trans-friendly healthcare providers in Ontario, but recommendations recently made through this province-wide program were

seen as having potential to impact government policy around SRS surgery for trans individuals in Ontario. One transgender participant expressed how crucial the implications for such policy change would be:

“.....I don’t know if you’ve heard about that Rainbow health Ontario project. They did the trans pulse project and stuff, and uhh, some other things which came out with a ton of recommendations.....They recommended that there should be more places authorized to grant the SRS surgery. Umm that is one hell of a step forward because people, so many trans individuals-there have been so many bad things that happened at [organization name], because of their past doctors and stuff.”

2.2.1.2 Sub-theme: A need for more formal transgender healthcare structures.

In the current study, formal transgender healthcare structures are seen as the organizations and infrastructure that exist, with a specific area of focus in transgender healthcare. The importance of formal healthcare structures was stressed by one healthcare provider, as they provided a reference point for information and resources for providers when serving the transgender population. Emphasizing this point, a healthcare provider reported:

"I like that I am aware of nodes of care. I think there is some benefit to having these nodes. The only two, I guess three now nodes, like [organization name] is a node of information for me and [organization name] is a node, and then I have the occasional other kind of clinic. So, and I guess rainbow health is a resource, so I think its good to have nodes that advertise themselves as such. I think that there needs to be more resources put into them. But I do like that. I know that some people are having [organization name] as a gatekeeper is confrontational, and I can’t even really speak to that as a structure, but at least I know where to send people. At least I know where to start, so, I think it’s important to have these kind of markers of “here’s a place to go to find out where to go next” so that’s working well, but other than that I honestly don’t know."

Although the importance of formal transgender healthcare structures is clear, participants expressed that these formal structures were scarce, leaving many communities with little

to no healthcare support for transgender individuals. One transgender participant emphasized this when stating:

“You basically need to seek out the care that you need, and go where the care is; at least if you really want to move it forward”

Despite the current deficit of healthcare structures, participants also acknowledged that changes were beginning to take place within the system. The emergence of Sick Kids Transgender Youth Clinic was seen as one new healthcare structure that will be beneficial in providing trans children and youth with positive healthcare experiences. The Gender Clinic in Sick Kids opened in October of 2013, aiming to provide timely access to counseling and hormone therapy for trans identified youth (Sick Kids, 2014). One friend/family/significant other stressed the importance of this new resource when stating:

"What is really encouraging is that Sick Kids have just opened up a trans center for kids so they can get around CAMH all together, which is a HUGE big deal."

The emergence of a gender clinic in a local area community health center was noted by all participant groups to be extremely beneficial to providing transgender healthcare services. These services helped to advance knowledge and acceptance of transgender individual health. One transgender participant highlighted the importance of the health center in providing her with a positive experience when she stated:

“Things I’ve been unsatisfied with at (the community health center) have been counter balanced with much more positives than negatives, so I feel very fortunate, and blessed to some degree even though I am agnostic, more fortunate that I stumbled upon the right place”

Additionally, it was expressed by one participant that, although not transgender specific, the Ministry of Health and Long-Term Care’s Health Care Connect program may be a way for transgender individuals seeking a family physician to connect with

trans-friendly providers. Health Care Connect is a government program that aims to help Ontarians without a family health care provider to find one through referrals to providers who are taking new patients in their community (Ministry of Health and Long-Term Care, 2012). One transgender participant expressed the potential that Health Care Connect has for trans people when stating:

“Depending what area they are in, what I would do is this whole healthcare connects, and I haven’t actually talked to them about any trans healthcare, but I would assume that they’re somewhat open and disclose to them when you are looking for healthcare because I think this is going to be a standard they are trying to create, across Ontario. Don’t be afraid to disclose it cause that information is still confidential”

2.2.1.3 Sub-theme: Insufficient provider training. Amongst transgender individuals, friends/family/significant others, and healthcare providers, a lack of proper training in transgender healthcare was noted. This was often presented within the context of formal training in certifying bodies. Healthcare providers expressed that very little in-class time was spent covering transgender health concerns. It was also expressed by participants that increased exposure to transgender health on a formal level would improve the respect that trans individuals would receive when engaged in the healthcare setting. Highlighting the current lack of training, one transgender participant stated:

"I don’t think they study that kind of stuff in school, and I think they should have at least a little bit of a unit about different people".

This lack of training was also expressed by healthcare providers, as the following provider reports:

"...I will be quite honest here, I don’t think that my training was very good in this area. I think that there was one course that was an optional course that I took in my master’s programs and the textbook was “compassionate treatment of gays and lesbians” and nothing else...There was no specific trans awareness in my formal education...we had a whole diversity course that was supposed to be about cross cultural counseling, and there was a lot of work on the ethnic side and racial

side, and the economic things, but nobody, specific stuff around trans-now that I'm thinking about it, it actually didn't exist."

Despite the lack of training within formal avenues of medical certification, on a local level it was expressed that there were some organizations that were providing adequate levels of training to their staff in transgender care. This was noted by healthcare providers who had an understanding of certain family health teams in the area who were undergoing training, as well as by transgender participants who had personal experiences with the training of interns taking place during their engagement with their transgender healthcare providers. One transgender participant stated:

"What I thought was very positive was, I am all about training and training people. Their approach was "do you mind if this intern comes in and" I said "well sure, ya why not" and I'm fairly open, so, the intake process was really good."

Through researcher document analysis it was found that Rainbow Health Ontario is providing ongoing opportunities for provider training for various areas throughout Ontario through their Trans Health Connection (Rainbow Health Ontario, 2014). Training includes four day-long workshops in cultural competence, clinical care, post-op care, and counseling and support. The development of this service can also be seen as beneficial for increasing the number of providers willing to serve the trans population in Ontario in the future.

These three sub themes, although highlighting emerging positive changes from a strengths-based lens, show that the current macro level healthcare support system for trans individuals is in fact, largely deficits based. The above subthemes together result in the two sub-sub themes that were commonly expressed among participants: Increased healthcare wait-times for transgender individuals, as well as segmented healthcare, with implications for increased transportation in order to access the healthcare one needs.

2.2.2.1 Sub-sub theme: Increased healthcare wait-times. Due to the existing policy deficits, as well as insufficient transgender healthcare structures and formal training, transgender participants noted an increased wait-time in accessing healthcare from transgender-specific organizations in the province. One transgender participant expressed this when she stated:

“And that was the other thing too that you find out is that pretty much everything that you want or need to do, you know, you talk to somebody about it and it’s not happening for 3 or 4 months at least. When I got my first referral to [healthcare organization] it was in July of 2010, and the actual appointment wasn’t until January of 2011. So, it takes, there’s a fair amount of lead time that comes into play.”

2.2.2.2 Sub-sub theme: Segmented healthcare and transportation. In addition to increased wait times, segmented healthcare and increased transportation were also reported as a result of the current deficits in the healthcare system. The lack of healthcare structures, and trained providers in trans care meant that trans individuals were left accessing the care they needed in various locations, from many different healthcare providers. Often times, this meant increased transportation in order to receive care. This expressed by one transgender participant, when she stated:

“Finding out the best doctor to get a referral to, you know it meant that I had to drive all the way to [city] so I had to take time off work and drive all the way to [city], and then all the way back (home), and then there was you know getting the voice therapy at [healthcare organization] and that required a number of trips to [city] after work, and coming home at you know late at night and then having to go to work the next day.”

At the macro system level, it is evident many challenges are present for transgender individuals when navigating the healthcare system, thus emphasizing that the current healthcare system truly is a system of deficits with respect to transgender care, which may be compounded by ones social determinants (as outlined in the case

description). However, despite the deficits-based macro system, transgender individuals in the current study have clearly identified having positive healthcare experiences. Therefore, it can be seen that transgender individuals are compensating for the negatives in the macro system through strengthened support at the meso and micro levels.

2.3 Meso level supports. The meso level factors include the support that transgender individuals receive from others such as friends and family, and from healthcare providers on a local level in order to achieve positive healthcare experiences. Within this category, significant external supports, the importance of informal networking, and support from physicians and walk-in clinics on a local level emerged as themes.

2.3.1 Theme: Significant external supports. In the current study, external supports can be seen as individuals or organizations that provide support for transgender individuals to have positive healthcare experiences. This type of support was seen as important by all three participant groups in the study. When referencing external supports that aided transgender individuals in having positive healthcare experiences, friends, family, healthcare providers, and local transgender support groups were discussed by participants. The ways in which this support was provided to transgender individuals ranged from simply being a friend and taking an interest in their lives and struggles, to self-educating about transgender healthcare. One provider stated the importance of external support for trans individuals when navigating the healthcare system, when he said:

"It's not because there's anything wrong with being trans, but it's that the world thinks there is something wrong with being trans and if you don't have support in place it can be a real shit show."

2.3.1.1 Sub-theme: *Friends- for advice, support, and to simply relate to.* When trans participants mentioned friends, they tended to refer to other transgender individuals, or allies with strong ties to the transgender population. This was noted, as trans participants would clearly state “non-trans friend” or “cis-friend” when referring to friends who were not trans, or did not have direct ties to the trans community. Among transgender individuals, friends were generally seen as the most important external support. Friends were perceived by transgender individuals as providing support to them in a number of different ways. Through acting as mentors, support was provided from trans individuals who were considered to be far along, or finished their transition, to transgender participants who were in the midst of transitioning. Friends were also reported as important for providing health-related advice and information to transgender participants in the study, and were a source of support that transgender participants felt that they could relate to and share their experiences with. A trans woman expressed the importance of her friends as healthcare supports when she reported:

“When I started out I met a couple of friends who became mentors to me. And they were already fairly along in their transition, they were actually living full time as female. And had been for some time and they had all kinds of advice for me and one of the very first things they said was “You don’t need to wait for [healthcare organization] in order to access hormones”

2.3.1.2 Sub-theme: *Family-you can’t ask them to provide that support for you.*

With respect to family, this was not seen as a place in which trans individuals in the study received high levels of support. Trans individuals reported that there were varying levels of acceptance of one's trans status by family members. With regard to healthcare specifically, family did not play a big role. One transgender individual highlighted this when she stated:

"You can't ask your family to provide that support for you because of course, you know, you are working to become something unfamiliar to them, and they don't want you to do that. They want you to remain the way you were, and even if they understand what you're going through, its difficult."

2.3.1.3 Sub-theme: Friends/family/significant others- how to be a positive

support for transgender individuals. The three participants in the study who classified as friends/family/significant others discussed five main ways that they provided support for the trans people they were close with. These included: getting educated about transgender issues and information, being a friend, being an ally to the trans community, getting involved with transgender organizations, and assisting in finding programs and services. One friend/family/significant other highlighted the importance of being a friend and ally when she stated:

"Well, in addition to things like writing (letters of support to access specific trans-related care), just simple things go a long way, and that is just words of support. I mean just being their friend, and being an ally...and genuinely mean it. And take a real interest in their lives, and taking an interest in all aspects of their lives. Trans people are not just people who go in for surgery, they are people- fathers, and students, and mothers, and friends and aunts and uncles and they get depressed, they have happy experiences, they are human beings, as complex as human beings are"

2.3.1.4 Sub-theme: Providers- how to be a positive support for trans individuals.

From the two providers in the study, six key ways for being an effective support were discussed. These included: being a good listener, being able to normalize the transgender experience, making sure trans individuals have a good support system in place, helping trans individuals make informed decisions, writing letters of support when needed, and allowing individuals to take charge of their transition. One provider expressed the need to let trans individuals take charge of their transition when she indicated:

"As a healthcare provider, when you allow somebody to do what they need to do and be who they need to be...allow them to become who they really want to

become and who they are inside, its an amazing process to watch, and they take care of themselves. You are just enabling a process that they are in charge of, that they are leading, they are dealing with, and as long as they are appropriately resourced economically and socially, and information-wise, they will do it! They will take care of themselves, they will do what they need to do, they will solve their problems...allowing people to be who they are is so powerful and it almost always works out fine.”

Additionally, providers felt that going beyond any training they might have received in the healthcare system and self-educating on transgender issues was essential to being a positive support for trans individuals. For instance, it was noted that being knowledgeable of trans issues in the media, and having a philosophical understanding of identity and gender were considered important factors in providing positive experiences. One provider emphasized this, when she said:

"The understanding of identity-you know... constructions of identity, different ways of understanding, the difference between essentialism and constructivism. All of these things are extremely important. You need to know your philosophy, because its really, really helpful when you are talking to somebody who, like why is it that they are so desirous of those frilly underpants?...It is about the meaning, the gender meaning attached to frilly panties that has been constructed in society- and that is one meaning that has been constructed in society. So there is one way of looking at it right, and that I have read postmodernists...so that I can read this stuff and grasp that and play with that with the clients. If (the provider has) the intellectual capacity to do that, which fortunately I do, it really allows them to help them have other ways of viewing how obsessed they are with lipstick."

2.3.1.5 Sub-theme: The significance of support groups. All transgender individuals expressed the importance of support groups in their healthcare journeys. Support groups were seen as a place to meet other trans individuals and build social networks. Additionally, many participants indicated that support groups were a place that they could learn about transgender-related resources that existed, and share health information about programs and services that serve the transgender population, and trans-friendly healthcare providers. One transgender participant highlighted this when stating:

"I relied heavily on a network of people who have been there before me and support groups and things like that as a source of information about various doctors and what things to do first, etc."

2.3.2 Theme: The importance of informal networking. For the purposes of the current study, informal networking can be described as casual conversations that occur among individuals, which can result in acquiring useful information in the healthcare setting. Transgender individuals, friends/family/significant others, and healthcare providers all expressed that informal networking was largely used in order to find trans-related health information and services.

2.3.2.1 Sub-theme: Learning and sharing knowledge. Informal networking was largely used among all participants in the study in order to share tips about transgender-related information and resources. Transgender participants tended to discuss how they networked with other transgender individuals, using support groups and the Internet as two distinct platforms for building networks. Friends/family/significant others also used transgender support groups to network and get involved in order to support transgender individuals they were close with, and the transgender community as a whole. With respect to healthcare providers, informal networking was used in order to establish referral pathways for transgender clients, and to consult with other health professionals who serve the transgender population on resources and routes of care.

One transgender participant reported on the importance of informal networking for sharing resources when she stated:

"We tend to get together with other girls like us and share information about resources. Somebody will know of a doctor who will prescribe hormones for instance, that person will then become very busy! Because everybody will go there"

Further, a healthcare provider highlighted the importance of informal networking for learning and consultation when it was reported:

"I have a couple of people that I will consult with. (a fellow therapist nearby) is one of the folks that I consult with for some of my clients, and I'm developing- I've got kind of an informal network, of well, one previous client who has become an activist who is available for any of my current clients to talk to and she is great..."

2.3.2.2 Sub-theme: Network pathways. In the current study, many different pathways through which individuals and organizations networked with one another to share healthcare information were highlighted (shown in figure 4).

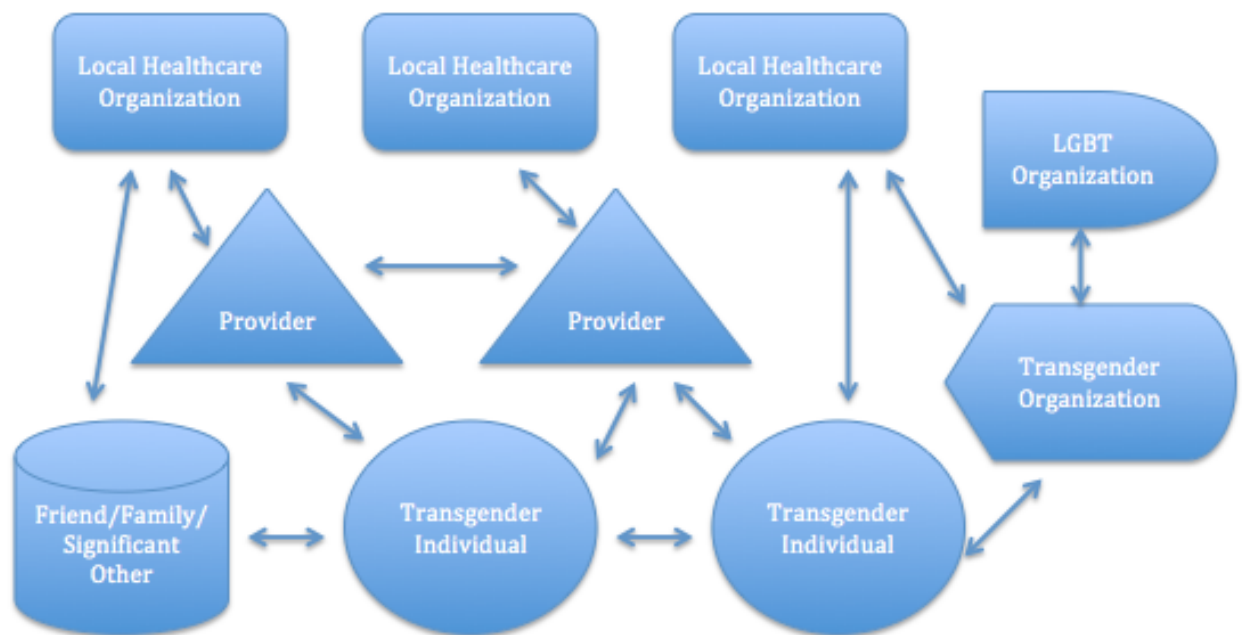


Figure 4. Transgender healthcare network map

Through this map, the arrows represent network pathways that were expressed by participants in the study. This network map shows the interconnectedness of transgender individuals, the friends/family/significant others they are close with, healthcare providers, transgender and LGBT organizations, as well as local healthcare organizations, and highlights the development of connections at the meso level, compensating for the

deficits that exist in larger, macro level structural and policy levels. An example of the ways in which participants discussed network pathways is shown, when a friend/family/significant other discusses the networking that takes place between a local LGBT organization and transgender organization:

“We had (a trans person) speak to us (at the LGBT organization), and then (someone from the transgender organization) came and she contacted us on the website and sent us an email to then be on a news list for (our LGBT organization), saying she was interested in supporting trans people in the area, so I emailed her back and then we met...and we always worked with them (the transgender organization) and were supportive as best we could, and also got ourselves educated through that interaction”

In addition to the arrows showing network pathways, there was also some uncertainty about which local healthcare structures and organizations are networking with one another, and what specific information each individual healthcare organization has. For instance, one friend/family/significant other discussed her concern about whether the local area hospital was aware of the existing services in the area for transgender individuals when she stated:

“What kind of resources do they have (at the hospital)? Are they aware of (the local transgender organization)? Are they aware of (the community health center that supports trans people) and (the local AIDS services)? ...How can we all network so that everybody has the current information and has the knowledge?”

2.3.2.3 Sub-theme: The importance of the Internet as a platform for informal

networking. All three participant groups used the Internet as a means for informal networking with others in order to find health-related information and services.

Transgender individuals mentioned that they connected with others largely through social media outlets such as Facebook, or online chat groups. One transgender individual emphasized the importance of the internet for informal networking when he said:

“And if you don’t have access to the internet then I just don’t know what to tell them. Especially wherever they are living its hard like, I am in so many groups for trans people online, like on Facebook, and some people are very new and they are like “where do I go to start hormones?” and I am like “I don’t know” because I don’t know the states but people do reach out and say “do you know who Dr. whatever is” which is good”

Generally the Internet was seen as a positive communication tool for transgender individuals, however it was also mentioned that the online presence of trans individuals from varying geographical areas, with vastly different healthcare systems caused some confusion around existing transgender healthcare policies and resources.

2.3.3 Theme: Support from local area family physicians and walk-in clinics.

Although it was reported that many transgender individuals had past negative experiences with family physicians surrounding their transgender status (mainly due to lack of education and respect), two trans participants had noted positive experiences that they had with their family physicians, and within the walk-in clinic settings. Further, it was expressed by most participants that once a trans educated physician began practicing in the area, positive healthcare experiences were no longer scarce. One transgender participant discussed how her family physician, although not trans educated, still managed to provide her with positive experiences:

“He was willing to refer me to anybody that I said you know “I want a referral to this doctor” he would say “ok, fine” you know and it was interesting when I first went to him to tell him that I was transgender and that I wanted a referral to the gender identity clinic, and he was very surprised, but you know he certainly was supportive in as much as being willing to give me the referral. And, we talked about it and I said “Well I bet I’m the first patient of yours ever to give you this kind of a request” and lo and behold no, there were a couple others. Ya, I might have been the first one who had initially approached him for the initial referral right at the beginning of my transition. I think the other two patients that he had were what he described one person as sort of on again, off again with transition, and the other one was a female to male transsexual who already, came to him already well advanced in transition.”

2.4 Micro level healthcare support system. The micro level healthcare support system can be defined as the individual level of support that the transgender individual has developed internally in order to successfully navigate the healthcare system and achieve positive experiences. Within this system of support, navigating the healthcare system alone, personality traits for successful healthcare experiences, and the development of strategies to access healthcare were identified as themes.

2.4.1 Theme: Navigating the healthcare system alone. Although trans individuals noted that external supports were very important for having positive healthcare experiences, it was also discussed by four of the five transgender participants that they felt at times that they were navigating the healthcare system alone, without the help of others. This self-navigation was not always seen in a positive light, however it was expressed that self-navigation can lead to more reliable and timely access to health-related information and care, as one trans individual stated:

“I don’t rely on a lot of people for stuff and I find a lot of people are unreliable when it’s not doing something for themselves its not a diligent, the work is just not as-vested interest you could say, so you know if you have vested interest in something you’re guna-like anything else, so usually and this is just a concept in life, but people like “oh you need help with this or that” but by the time they come back to me with the answer I’ve already moved on.”

2.4.2 Theme: Personality traits for successful healthcare experiences. The personality traits that emerged as facilitators for successful healthcare experiences varied, with independence, patience, and persistence surfacing as key components to having positive healthcare experiences. In addition to these traits, openness, professionalism, and humor were also notable personality traits for success. One transgender participant stressed the importance of patience in order to have a successful healthcare journey when she stated:

“I would basically just sort of get busy with other aspects of my life and sort of put it in the back of my mind and do what I could because I could always go to therapy, I could always go to support groups. Stuff like that. And so while I was busy doing that and socializing with people I met, and then all of the sudden now its time for the next phase, I’m like “ahh...ok”.

2.4.3 Theme: The development of strategies to achieve positive healthcare

experiences. The importance of developing strategies in order to have positive healthcare experiences was noted by both transgender individuals, as well as healthcare providers.

These strategies were, for the most part, internal to the transgender individual (as will be shown below). It was noted however, that healthcare providers may also be developing strategies to aid trans individuals with accessing trans-related healthcare procedures. One healthcare provider expressed the importance of the development of strategies when one is going through transition:

“Its really amazing if you want to be your authentic self and go through these steps, but its important to understand that there will be some loss, and are you prepared for that loss? And building in coping mechanisms and strategies is really important”

2.4.3.1 Sub-theme: *Bending the medical establishment.* Transgender individuals

commonly noted that they needed to make the healthcare system meet their health needs.

Trans individuals often felt that they were educating their own healthcare providers in hopes that these providers would then tend to their needs. One trans individual highlights this through stating:

"We often seem to have to bend the medical establishment to what we need and teach the doctors around us, and bring about the situation where the medical professionals around us can see that we aren't freaks, and we aren't harming ourselves. That we actually NEED this care."

It was also reported that there are healthcare providers in the system who are finding ways to bend the medical establishment in order to meet the needs of their transgender patients. This was expressed by one friend/family/significant other when she stated:

“I am told there might be a doctor in [city] who might be doing some of this, but they have to be careful, because they can't say-its my understanding that they can't say it's a trans surgery. They have to say, if it's a person going from female to male for example, they will say instead, this patient is at high risk for something, so we are going to have to remove... but its putting the doctors at risk. Eventually someone is going to notice this anomaly and say “hmm that's interesting”

2.4.3.2 Sub-theme: Carefully planning your healthcare. Transgender individuals recognized that in order to receive the best care possible, they needed to carefully map their healthcare journey in a way that would best reflect their needs and goals. Through self-managing their healthcare plans, transgender individuals were able to gain a level of control over their healthcare. When asked what advice she would give to other trans individuals seeking healthcare, one transgender participant suggested:

"I would definitely tell them I would see where they are with their family physician and if their physician is, what their stance is, if they can associate or not. Are they willing to work with them or not? And then kind of work from there. If the physician is willing to work with them see how far they can go with it? You know, do they seem on the same page if we mention (the trans educated doctor in the area)? Do you have to go to another physician completely? Kind of like, step it all out on paper if you have to or something but just rationalize everything, don't be too hasty."

2.4.3.3 Sub-theme: Viewing trans healthcare as a do-it-yourself project. It was shown by transgender participants that viewing their transgender healthcare as a ‘do-it-yourself’ project was a key factor in having positive healthcare experiences. Due to the nature of the current healthcare system, this strategy can be seen as important, as one accepts the system for its deficits, and looks internally in order to compensate for system-level shortcomings. Taking initiative and staying informed of changes in the healthcare

system were ways that trans individuals took charge of their own healthcare. One transgender participant emphasized the importance of viewing transgender healthcare as a do-it-yourself project when she stated:

“Because you’re right, I mean the main problem I think for trans people in the accessing healthcare is just simply finding the doctors, and you really do have to network, you really have to be your own health specialist. And, everybody’s transition will be different.”

2.4.3.4 Sub-theme: Self-education. It was stressed among all three participant groups that self-educating about transgender healthcare was essential to successful system navigation. This was largely done on the Internet, as massive search engines such as Google and Yahoo, as well as websites of various medical institutions have become increasingly useful for finding health information. The importance of self educating through use of the internet was emphasized by one transgender participant, through the statement:

“As more sites have come online like uhh the mayo clinic, umm john Hopkins, stuff like that, as they’ve got they’re material now up online and it makes it so much easier when you’ve gotta search for something and uh find information I mean about, uhh, trans doctors, trans surgeons, umm, I mean like finding information about Marcy Bauers down in the states, umm, whose one of the top surgeons for SRS surgery. I mean that it’s easy to connect that way.”

Key Recommendations

The above seven themes contributed to the development of four key recommendations that participants suggested to improve healthcare for the transgender population in order for more trans individuals to have positive healthcare experiences in the future. These recommendations are distinctly different from themes in the current study, as themes emerged based on the triangulation of all three participant groups, whereas recommendations were not looked at in a convergent and divergent manner. The

following recommendations, although distinctly different from the themes presented above, provide valuable learning opportunities, as they propose ways in which the current system could be improved to provide more transgender individuals with positive healthcare experiences in the future. Further, these recommendations can be seen to have a clear link with the themes, as will be shown in the following sections.

Recommendation 1: Making inclusive models of care and transgender policy a standard across the system. Transgender participants noted that there was a need for policy development and models of care that would adequately serve the trans population to be implemented in a standardized fashion in order to ensure consistent access to healthcare. It was suggested by one transgender participant that regulating such a structure in newly opening healthcare practices may be a good place to start:

"I think we should make it a standardized thing right across the board of not just trans models of care, but models of care that are inclusive. So, if you have to follow certain models of care when you open up a practice you you're seeing new patients, make that a standard right across the board, cause I think a lot more transgender people would come out of the woodwork if they knew the access to their healthcare would be there"

This recommendation lends to the emphasized lack of policy seen on macro levels of system support in the current results, and also addresses the mixed feelings that participants expressed about the ability of physicians on a local level to serve the transgender population. It was perceived by participants that if transgender healthcare policies were to be implemented in a standardized way across healthcare practices, this would contribute to a greater degree of consistency in care, which would likely improve the experiences that transgender individuals have with local physicians on a meso level.

Recommendation 2: Bringing transgender people to the table in the development of healthcare education. The need for transgender people to be included

in the development of healthcare education was highlighted as an important recommendation in building on our current healthcare system. It was reported that transgender individuals have the best understanding of what they need in the healthcare system, and therefore their inclusion in training development can ultimately ensure that transgender individuals have positive experiences in the healthcare system in the future. One friend/family/significant other conveyed this when stating:

"I think that there has to be a lot more training in our medical schools around these issues. And I think that it is the trans community that has to be invited in to tell the doctors what is required. Its not enough for doctors to sit around the table- cis-gendered doctors, and determine what is best for another community. Trans individuals need to be brought to the table to have these discussions."

This recommendation ties with themes presented in the results section, as the current lack of education seen within macro levels of system support were highlighted. Additionally, based on healthcare for transgender individuals in the past, as well as some existing policies that have been seen as barriers to care, the fact that transgender individuals feel that they should provide insight into the development of formal healthcare education/curriculum is important to note.

Recommendation 3: An enhanced database for searching for transgender care. Among transgender individuals and friends/family/significant others it was reported that despite the existing database that exists through Rainbow Health Ontario, there is a need for the development of a platform where transgender healthcare can be found. Such a platform was discussed both through the adaptation of the existing database, as well as through the creation of a more informal "rate your doctor" type of website that was specific to transgender care. One transgender participant expressed the need for such a

database to be specific to the type of care, and the provider's willingness to provide certain avenues of care when stating:

“Well, for starters as I've mentioned it would be important to have some sort of central database or repository of medical professionals of various kinds who are specifically you know trans-friendly or you know maybe grouped by the services they offer, and with some notation to say how they're willing to prescribe hormones, or excellent resource for trans specific gender therapy, or you know things like that. So that would be one thing and it would be really good”

The expressed need for such a data database shows a clear link with the above study results, as having such a central and detailed list of transgender care providers may play a part in reducing the greatly segmented care, and increased transportation to care that transgender individuals currently face. This would also aid transgender individuals to carefully plan their healthcare process, as they would be able to have easy access to information regarding which healthcare providers, in which areas could provide them with the care they are seeking.

Recommendation 4: Increased visibility and advertising of transgender health structures and services. Both transgender individuals and friends/family/significant others stressed the importance of visibility of the transgender population in society. Visibility was seen as a way to both increase the acceptance of trans individuals in the societal context, as well as gradually improve access to health programs and services for the trans population. Advertising was highlighted as a key way for trans individuals to find health programs and services. One trans participant stated this when he said:

“I would say visibility. More advertising, whether it be a social media or podcast media or newspaper, just make it aware you know, like I don't see it listed anywhere like universities or educational institutions or anywhere. Like if you go to somewhere popular like a coffee shops just anywhere in general, grocery stores

that have bulletin boards there is nothing posted anywhere. How are people supposed to find things?”

This recommendation has a clear link to the networking that was shown in the results to be important in seeking healthcare information. An increased visible presence of transgender health programs and services would likely have an impact on the current ways that healthcare information is being sought- through transgender support groups and the Internet. If the visibility of transgender health programs and services did become more readily present in society, this would also enhance the likelihood that those trans individuals not connected with support groups, or able to access the Internet could find the care they need.

Chapter 5: Discussion

This study has highlighted the ways in which transgender individuals have been supported to navigate the healthcare system in order to have positive healthcare experiences. From a strengths based lens, it was discovered that the healthcare system was undergoing a number of promising changes in relation to policy, structure, and training at the macro level. At the meso level, social support and informal networking were highlighted as important aspects in facilitating positive healthcare experiences for transgender individuals. Finally, at the micro level healthcare support system, individual strengths for healthcare system navigation were shown through the development of personality traits and strategies, which equipped transgender individuals to have positive experiences. Together, these levels of healthcare support interconnect to create the positive healthcare experiences that were defined by transgender participants in the current study.

This study was unique in that it incorporated both the transgender and provider perspectives, which has rarely been seen in previous literature. The study was enhanced by the additional inclusion of friends/family/significant others, which lend to a greater contextual understanding of how positive healthcare experiences for transgender individuals occur. The use of a strengths based lens provided unique insight to the transgender healthcare experience that was previously uncovered in existing research.

Expanding on the View of Existing Healthcare Barriers

In the current study, the deficits that were outlined within the healthcare system for transgender individuals are important to discuss. Although the strengths-based approach proved to be an extremely important aspect of the current study, the use of this

approach does not allow for one to discount important deficits that emerge in the research (Maton et al., 2004). In the current study, barriers to care that were reported by participants support existing literature in transgender healthcare. Previous research has found a lack of policy in transgender care (Bauer et al., 2009; Snelgrove et al., 2012; Sperber et al., 2005), a lack of infrastructure supporting transgender care (Bauer et al., 2009), and a lack of provider training with respect to transgender healthcare (Sanchez et al., 2009; Sperber et al., 2005); all factors that were reported by participants in this study. Despite the positive experiences with local physicians that were highlighted in the current study, some negative experiences with local physicians were also noted in the current study, which coincides with much of the existing deficits-based literature (Bauer et al., 2009; Corliss et al., 2007; Feinberg, 2001; Lombardi, 2001; Namaste, 2000; Sperber et al., 2005; Taylor, 2006; Xavier, 2000; Xavier et al., 2013). These large-scale system deficits were further compounded by existing social stigma as a result of defying cultural gender norms, which has been shown to be faced by the transgender population (Lombardi et al., 2001).

Unique to the current study, a lack of formal documents in transgender healthcare was shown, as no participants provided any documents to the researcher, suggesting that healthcare organizations are either not producing such documents (e.g., pamphlets, information sheets), or that the documents that are being made are not seen as useful. Despite these barriers, the strengths-based approach allowed the research to look beyond these barriers in the healthcare system, and highlight some of the promising changes underway.

At the policy level, the positive perceptions of recommendations given by Rainbow Health Ontario have largely been overshadowed by deficits in this area. Unlike existing literature in transgender care, the current study illuminated the positive way in which these recommendations are being viewed by trans individuals, and provides insight into the perception that change is taking place with respect to transgender policies in the healthcare system. Although participants in the current study were adults, the potential of the new gender clinic at Sick Kids offered hope that healthcare may be improving for young trans individuals newly entering the system. Additionally, Ontario Health Connect was mentioned as a new avenue that may be effective for transgender individuals seeking care in Ontario. This service, although not created with the specific intent to serve the transgender population, has the potential to better connect transgender individuals with trans-friendly family healthcare providers in their area. Currently, those using this service to connect with a family physician are able to leave a request on their file of any specific needs they have in finding a provider, and a Care Connector (to the best of their ability) will search for a family physician able to suit their needs (Health Care Connect Representative, personal communication, October 22, 2014). At this time however, family physicians who register with Health Care Connect are not required to indicate any sort of specialization or competencies they may have, making it difficult for the Care Connector to adequately serve transgender clients. Despite this current barrier to serving transgender individuals embedded within Health Care Connect, physicians registering with the service are able to indicate languages, after hours service, and any prescription drugs they are not willing to prescribe (Health Care Connect Representative, personal communication, October 22, 2014), therefore there remains potential to expand this

service to incorporate more information from family physicians (such as trans-competency or trans-friendliness) so that potential transgender patients can be better connected with family physicians in the future.

The strengths based lens also allowed for a view of the current perspective that positive changes are being made in provider training at the individual and organizational levels, which has previously been underrepresented in the literature. Despite the research outlining that uneducated and insensitive healthcare providers contribute to negative healthcare experiences for trans individuals (Bauer et al., 2009; Corliss et al., 2007; Feinberg, 2001; Sanchez et al., 2009; Sperber et al., 2005; Taylor, 2006), the current study shows that many positive healthcare experiences can arise through the emergence of one transgender competent physician in a given area. Although, ideally, a number of transgender competent physicians in a given location can provide an effective way to provide more positive healthcare experiences for the trans population, the current study highlights the impact that even one trans competent physician can have to those individuals in one geographical location.

The Foundation on which Positive Healthcare Experiences are Built

In the current research, transgender individuals, healthcare providers, and friends/family/significant others provided an inclusive and holistic view of the ways in which positive healthcare experiences for transgender individuals are facilitated in light of macro level barriers. The following section will discuss the transgender definition of the positive experience, providers views on how the positive transgender experience is created, and the ways in which friends/family/significant others support the trans

individuals they are close with, facilitating the supportive meso level environment on which positive healthcare experiences are built.

The mention of provider characteristics when discussing the healthcare experiences of transgender individuals has been referenced in existing literature. Past research has demonstrated the importance of provider respect (Bauer et al., 2009; Corliss et al., 2007; Feinberg, 2001; Lombardi, 2001; Namaste, 2000; Snelgrove et al., 2012; Sperber et al., 2005; Taylor, 2006; Xavier, 2000; Xavier et al., 2013), and provider knowledge (Bauer et al., 2009; Corliss et al., 2007; Feinberg, 2001; Sperber et al., 2005; Taylor, 2006) by approaching these topics through a deficits-based stance. Literature has also outlined the role that the physical environment plays in contributing to the development of positive healthcare experiences. Factors such as cleanliness and lighting have been suggested in previous literature as being significant to creating positive healthcare environments (Sloan Devlin, 2014). Additionally, a small amount of research supports the incorporation of LGBT friendly visual indicators by providers in the healthcare setting (Coren, Coren, Pagliaro, & Beck Weiss, 2011). Interestingly, transgender participants in the current study did not commonly discuss patient outcomes when asked to define positive transgender healthcare experiences (as prompted through the interview guide), suggesting that their health outcomes may not play as significant of a role as providers characteristics or the physical healthcare environment in defining their positive experiences. Further research is needed into the transgender definition of positive healthcare experiences in order to further explore this area, as this study is the first to investigate this area.

In the current study, although most transgender participants spoke highly of one particular physician who was serving transgender patients in the local area, it was a mental healthcare provider, and social worker that participated in the study, as a result of being referred to the study by trans participants. This is significant, as it indicates the importance that mental health and social work professionals play in creating positive healthcare experiences for trans individuals. This differs from some of the past literature in this area, which has emphasized the role of mental health providers as gatekeepers that have the potential to hinder healthcare access for trans individuals (Bockting et al., 2004; Raj, 2002). It should be stressed however, that both providers in the current study were mental health professionals who did not function in gatekeeping roles (i.e. were not able to prescribe hormones or make decisions around SRS), which may have had a significant influence on positive experiences with their transgender clients, as these professionals work to support transgender individuals, without the requirement to ultimately make decisions around transition-related treatment. Additionally, the socioeconomic status of transgender individuals may also come into play in accessing such forms of mental healthcare, as may not always have coverage for therapists. With transgender individuals being shown to face income instability (Bauer et al., 2009; Namaste, 2000), implications can be seen for the healthcare system, whereby financial support systems for transgender individuals seeking mental health professionals are needed.

Also important to note, is the lack of physician participation in the current study. Despite the many efforts made by transgender participants to encourage the involvement of physicians in the current study (which were often discussed with the researcher through personal communication), at no point did a physician make contact with the

researcher to initiate participation in the study. This lack of physician involvement may lend to current research showing that certain providers that serve LGBT populations are over-worked (McIntyre et al., 2011), and thus it may not be a lack of interest in the study by physicians that prevented them from participating, but rather the intense demand within the healthcare system that lies on the shoulders of these individuals. This was further supported through personal communication that the researcher had with trans participants, who often emphasized how busy the physicians were that they sought for trans care.

For those providers involved in the study, it was clear that they possessed the attributes that transgender participants emphasized in the definition of positive healthcare experiences. Additionally, providers in the study gave personal insight as to how they create positive experiences for transgender individuals. The six key ways that the providers in the study identified for supporting transgender individuals to have positive healthcare experiences were being a good listener, being able to normalize the transgender experience, making sure trans individuals have a good support system in place, helping trans individuals make informed decisions, writing letters of support when needed, and allowing individuals to take charge of their transition. Although new to the literature in transgender healthcare, this is supported in works that outline core competencies for counseling with transgender clients (Burnes, Singh, Harper, Maxon-Kann, Pickering, Moundas et al., 2010). These identified core competencies were developed based on the acknowledgement of resilience and the strengths-based approach, stressing the importance of transgender affirmative counseling approaches and empowerment of transgender clients. Additionally, support for core competencies were

found to be having a welcoming, transgender-friendly physical healthcare environments as well as a proactive approach by counselors to seek consultation with other trans-competent health professionals; two components of transgender care that were highlighted in the current study.

Both the ways in which transgender participants defined positive healthcare experiences, as well as the key ways that providers supported trans individuals to have positive healthcare experiences lend to the current research that exists in patient-centered care. The patient-centered approach emphasizes the understanding of the patient's world, and reasons for engaging with the healthcare system, in order for the patient and provider to come together in managing the care that the patient receives (Stewart, 2001). Similar to findings in the current study, the patient-centered approach highlights the connection that the patient and provider have, as well as the allowance for the patient to be involved in the decision-making process (Ontario Medical Association, 2010). Core competencies that have been identified in the patient-centered approach include: a welcoming environment, respect for patient's values and expressed needs, patient empowerment, socio-cultural competence, coordination and integration of care, comfort and support, access and navigation skills, and community outreach (Silow-Carroll, Alteras, & Stepnick, 2006). Evidently, many aspects of this approach overlap with those identified in building positive healthcare experiences for transgender individuals. For instance, the current study shows that providers who facilitate positive healthcare experiences for trans individuals create supportive and welcoming environments through displaying respect, the ability to establish a connection with clients, and having a well-lit and hygienic physical environment. Further, the awareness of local resources and informal networks

that providers in the current study had developed aided them in supporting transgender individuals to effectively navigate the system and access the care they needed.

The importance of going beyond formal training, and having a philosophical understanding of gender and identity was also expressed by participants in the study to be an important factor in positive transgender healthcare experiences. This provides insight into how effective training in social work and mental health professions can be enhanced through the inclusion of gender and identity theory. This supports the work of Benson (2013), where it is suggested that gender theory and information pertaining to gender identity is essential in clinical training for therapists. These findings may also warrant inclusion in the development of clinical training in transgender care for physicians, as a transgender participant described that part of her positive experience with her physician was due to the knowledge the physician held about gender on a philosophical level, and the physician's ability to debunk myths that were found in existing transgender literature. Additionally, the finding that providers who support trans individuals to have positive healthcare experiences are aware of current transgender issues in the media should be taken into consideration in mental health and social work professions. This concept is not entirely new to the literature, as socio-cultural competence has been outlined as a core competency in patient-centered care (Silow-Carroll et al., 2006), further emphasizing the important role that the patient-centered approach plays in the positive transgender healthcare experience.

The importance of social support in the lives of transgender individuals has been shown through previous literature (Bockting, Miner, Swinburne Romine, Hamilton & Coleman, 2013; Budge & Rossman, 2014; Moody & Smith, 2013). For instance, higher

levels of social support are associated with less anxiety (Budge & Rossman, 2014), and social support from friends and family were among factors that negatively predicted participant's suicidal behavior (Moody & Smith, 2013). Interestingly, trans participants in the current study did not report that their family members provided them with much support in navigating the healthcare system. It should therefore be noted that family support, although important to psychological health, was not required in order for transgender participants in this study to effectively navigate the healthcare system to have positive experiences. Participants in the current study however, did have many other external supports that aided in achieving positive experiences, these supports were not family members specifically but friends or significant others who were seen as the main support for the individual.

Although the importance of social support for transgender individuals has been shown in past research, less noted in the literature are the ways in which this support is provided, or how support is provided to trans individuals within the context of positive healthcare experiences. Findings in the current study, which looked to friends/family/significant others and the ways that they provide support for the trans individuals, showed unique aspects of this dynamic relationship that have been unexplored in past research. These factors warrant further research; specifically, a more in-depth exploration is needed of the ways that friends/family/significant others assist in finding programs and services for the trans individuals they are close with.

Through this study, it is shown that the foundations on which positive healthcare experiences are built encompass transgender individuals, providers, and friends/family/significant others all coming together, and contributing unique components

which, together with the social determinants of health, facilitate these positive experiences. Adding to this foundation, the importance of networking will be discussed, as it plays a key role in positive transgender healthcare experiences.

Networking to Effectively Navigate Through Health Programs and Services

Amongst transgender individuals, networking has been shown in previous research. Findings of research looking to the role of networking for trans individuals has shown that transgender individuals build gender-focused social networks in order to build social capital and engage in activism (Pinto, Melendez, & Spector, 2008). Additionally, there have been reports that the size of a trans individual's social network has a positive effect on social and political activity (Lombardi, 1999). In the context of the healthcare system, and navigation through health programs and services however, research looking to the role that networking plays for trans individuals is limited.

Within the existing healthcare research from the transgender perspective, networking has not been in the foreground of research objectives. It has however, been referenced in passing in a limited number of studies. For instance, through the exploration of transgender mental healthcare experiences, it was found that transgender participants sought referrals from other trans individuals in order to find therapists who were knowledgeable, and had a good reputation in the trans community (Benson, 2013). Further, in a study exploring transgender experiences and interactions with the healthcare system, Sperber et al. (2005) found that Internet access is key for networking among trans individuals, and finding information and support. This finding also lends to the importance of the Internet as a platform for networking amongst transgender individuals,

warranting further research into the role that the internet currently plays in healthcare system navigation for transgender individuals.

Also emphasizing the importance of networking in transgender healthcare, the perspective of healthcare providers on networking to effectively serve the trans population can be seen in existing literature. A key barrier that has been identified in providing care to the trans population is the lack of available referral networks (Snelgrove et al., 2012). As a result, informal networking has been found to take place among providers, and the level of experience a provider has in managing the care of trans patients is suggested to be related to the complexity of the referral strategy that a provider uses. In developing networks, physicians reported that patient feedback was important in determining their referrals (Snelgrove et al., 2012). This research compliments the current study findings, showing that, at the meso level, providers are networking with one another, and with their transgender patients in order to create environments that may facilitate positive healthcare experiences. This informal networking lends to the idea that on a macro level, there is currently a need for more formal networking structures to aid providers when serving trans patients. This links with the recommendation given by study participants indicating that an enhanced database with specific transgender-related information is needed in order to make transgender care information more accessible.

As shown above, there is currently some literature supporting the importance of networking in transgender healthcare, to date however, there has been no research with a specific focus in this area, nor has there been research that is inclusive in providing more than just the transgender or provider perspectives on networking, allowing for a holistic view of the ways in which networking takes place within the healthcare system. The

current study incorporates such a view, showing that networking takes place on many levels, all playing a role in the positive transgender healthcare experience. Also unique to this study, is the view of the perceived uncertainty of the trans care networking being done amongst local healthcare organizations. The current study can be seen as the first to uncover a model of the network pathways in transgender healthcare as they are perceived through transgender individuals, friends/family/significant others of trans individuals, and healthcare providers together (shown in Results- Figure 3). This network map has provided a view of the network paths that exist on a local level, and has uncovered a starting point for future investigation of network pathways in transgender care. Through further exploration of this area, the ways in which groups and organizations are effectively connecting with one another to deliver transgender programs and services can be shown, and existing network gaps can be identified and improved in the future.

Individual Strengths and Strategies for Healthcare Success

In the current discussion, the importance of strengths at an individual level is clear, for it is with these strengths and strategies that transgender individuals were equipped to navigate the healthcare system on a personal level. The development of psychological resilience in transgender individuals has been found in past research as a result of coping with stressful life experiences in relation to gender identity (Grossman et al., 2011; Singh et al., 2011). This being said, it is not uncommon for transgender individuals to foster internal strengths when presented with barriers. Although there is a lack of research looking to personal strengths of trans individuals that contribute to positive healthcare experiences, existing deficits based literature lends to the idea that the particular strengths found in the current study (independence, patience, and perseverance)

would be beneficial for transgender individuals, given the existing deficits in the healthcare system. For instance, as mentioned above, current literature shows a lack of policy in transgender care (Bauer et al., 2009; Snelgrove et al., 2012; Sperber et al., 2005), as well as the need for transgender individuals to educate their own providers (Bauer et al., 2009; Hussey, 2006; Sperber et al., 2005). It stands to reason that for one to be successful in this environment, and achieve positive experiences in light of these deficits, independence and self-directed learning would be a beneficial attribute. Additionally, given the existing literature and findings in the current study of increased healthcare wait-times for transgender individuals (Sperber et al., 2005), patience can be seen as an important trait, contributing to positive healthcare experiences. With respect to perseverance, Hussy (2006) highlighted the importance of this trait for trans individuals, showing that a positive attitude and optimism contributed to perseverance in an ill-equipped healthcare system.

The finding that trans individuals and trans healthcare providers are bending and shaping the healthcare system to suit their needs is an interesting aspect of the positive transgender healthcare experience. Similar to existing research, transgender individuals reported that they were educating their own providers, in the current study however, this was seen as a way to potentially increase the care they would receive. This finding lends to the strengths based research of Greatheart (2013), whereby the medical establishment can be seen as being “bent” by trans men who found ways to subvert the healthcare system, through means such as the exaggeration of personal experiences to healthcare providers to obtain treatment.

The importance of careful planning of one's healthcare as a result of gaps in current policy, structures, and training in transgender healthcare is a finding that is unique to the current study. This provides some insight into the ways that transgender individuals are strategizing to overcome such gaps through planning how they will achieve their healthcare goals in a step-by-step fashion. Although there is a current lack of research in this area with respect to transgender care, existing research in chronic disease has explored the effects of patient-self management in care. Research shows that health programs that focus on self-management of chronic disease lead to increased self-efficacy (confidence in the ability to deal with health problems), and increased health status (Lorig, Sobel, Ritter, Laurent, & Hobbs, 2001). Through an emphasis on self-management in chronic disease, the patient becomes the principal caregiver, while the health professional teaches the patient self-management skills, in order to create a patient-centered system (Holman & Lorig, 2004). For the purposes of this research, the term "active patient participation in care" will be used rather than patient self-management, as the term self-management can be perceived to coincide with providers teaching patients to manage disease on a clinical level, through taking appropriate medications and treatments. In the current study however, this concept is being used to describe a wider array of skills, such as system navigation skills and strategies successful communication and collaboration within the healthcare system, and therefore "active patient participation in care" has been deemed a more appropriate term. In the current study, many of the strategies that transgender individuals had developed in order to navigate the system to have positive healthcare experiences (careful planning of one's healthcare, viewing healthcare as a do-it-yourself project, and self educating) can be seen as active

participation in care. Healthcare providers in the study complimented the development of active patient participation in care through helping transgender individuals make informed decisions and letting the trans individual take charge of their transition (some of the identified ways that providers claimed they supported transgender individuals). Further research is needed in this area in order to explore active patient participation in care for transgender individuals in the healthcare setting and how such skills may contribute to positive healthcare experiences.

Despite the individual strengths and strategies that are clearly of importance in the positive transgender healthcare experience, the feeling of being alone in the healthcare system must also be addressed, as this finding is supported in previous literature (Hussey, 2006). Although the feeling of being alone in the healthcare system should not be interpreted in a positive light, the current study shows that, despite feeling alone in the system, transgender individuals are still able to have positive healthcare experiences, which may have significant implications for future research. Further, these feelings of being alone in the system may have contributed to the development of active patient participation in care in transgender individuals, another prominent discovery in the current study.

In summary, it can be seen that through looking to the ways in which transgender individuals have been supported in order to have positive healthcare experiences through a strengths-based approach, many new and interesting areas that have previously not been seen in existing literature have been uncovered. Currently the supports that facilitate positive healthcare experiences for transgender individuals are seen in meso and micro levels, with emerging changes in some of the marco level systemic barriers that currently

exist. Given the small amount of existing literature suggesting that some transgender individuals are satisfied with their healthcare (Bockting et al., 2004; Xavier et al., 2005), the current study expands upon this research, showing how such a phenomenon takes place in a largely deficits based system.

Chapter 6: Conclusions

In existing research regarding healthcare for the transgender population, the focus has been placed on health system deficits. This deficits-based focus has resulted in an unbalanced understanding of the transgender healthcare experience, which has led to the assumption that the experiences that transgender individuals have with healthcare are inherently negative. Although a small amount of research has contributed to rebalancing this overwhelmingly negative view, showing that some transgender individuals are satisfied with the healthcare they are receiving (Bockting et al., 2004; Xavier et al., 2005), a gap has remained in the literature regarding what contributes to these positive experiences with the health system for transgender individuals. Additionally, research in transgender healthcare has failed to incorporate the perspectives of the transgender individual together with family, friends, significant others, and health care providers in to one research study which is important as we know that the collective may in turn shape experiences.

The current study addressed these research gaps through the investigation of how transgender individuals are supported in having positive healthcare experiences. Using a strengths-based approach, the positive transgender healthcare experience was defined, and the ways in which these experiences were created came to light. The inclusion of transgender individuals, healthcare providers, and friends/family/significant others of transgender individuals provided a holistic understanding of the ways in which positive healthcare experiences were created, and allowed for a contextual understanding of these experiences, which enhanced the case study analysis.

Through this research, existing deficits on a large-scale marco level were highlighted, however it was seen that these deficits were being compensated for, largely through meso and mirco levels of support. Within these meso and micro support systems, the current study showed the significant role that mental health professionals play in the development of positive healthcare experience for transgender individuals. Thus, the importance of mental healthcare professionals in positive transgender healthcare experiences, and the ability (or inability) that transgender individuals have to access such mental health professionals should be taken into consideration in future large scale healthcare initiatives in transgender care.

In this study, the ways in which both transgender individuals defined positive healthcare experiences, and the ways in which mental health professionals supported transgender individuals to have positive healthcare experiences lend to current research in patient-centered care. With this being said, there is a need for future research to further investigate the patient-centered approach with the transgender population. Research in this area might include a qualitative approach, using case study methodology when conducting interviews with both transgender individuals and healthcare providers regarding current aspects of patient-centered care. Such a research design would enhance the current understanding of patient-centered models of care that can be applied specifically to the transgender population in the healthcare setting, and lend to the development of transgender care models that can be adopted across healthcare practices.

The current study illuminated the importance of informal networking in order to learn and share health-related knowledge in order to ease system navigation. High levels of informal networking were found to take place amongst individuals and organizations,

and contributed to positive healthcare experiences. For health professionals working with transgender individuals, network pathways should be established between providers, and transgender individuals should be encouraged to build and maintain their own support networks to find and share health resources. At an organizational level, awareness of the need for networking is crucial, as both transgender specific healthcare programs and services, and general healthcare services need to work to connect in a way that allows for the smooth navigation of transgender individuals through the system.

Through the development of a proposed network map, a starting point was given upon which future research can build a more inclusive and intricate network model. Through the use of network theory, a multiple case study approach could be undertaken in order to gain a greater understanding of the ways in which individuals and organizations are connecting regarding transgender healthcare, and further network gaps can be identified. A multiple case study design would allow an enhanced understanding of the networking that occurs in multiple geographical areas, in order to triangulate an overall sense of transgender healthcare networking in Ontario, and identify system strengths which can be built on in the future.

At an individual level, the current study highlighted the importance of active patient participation in care amongst transgender individuals. The development of personal strategies such as self-education about transgender healthcare and taking on one's healthcare as a "do-it-yourself project" surfaced as key means to effective healthcare system navigation. Such a finding has implications not only on how transgender individuals can develop system navigation skills on a personal level, but on how healthcare is being provided to this population. It is important to consider how, and

whose role it is to foster active patient participation in care amongst transgender clients that would aid them system navigation skills. This development of active patient participation in care appears to be somewhat of a “stop-gap” measure in that we are looking to develop skills in the navigation of the system due to the fact that it is not intrinsically linked at a system level. However, unless major system changes take place this does appear to be an appropriate solution until health the care system is able and mandated to work more closely to provide care across the continuum. With respect to research in this area, there is a need for in-depth exploration of active patient participation in care with the transgender population specifically. Since this area has not yet been explored with the transgender population, a qualitative study design is recommended, whereby a case study can be conducted with transgender individuals who have had positive healthcare experiences, and providers who transgender individuals refer to the study as having supported them in having positive experiences can be interviewed with a specific focus on active patient participation in care within the healthcare setting. If active patient participation in care is further shown to play an important role in positive healthcare experiences for transgender individuals, a large-scale, quantitative study, with a wide range of healthcare providers that serve the transgender population (physicians, community health workers, mental health professionals etc.) could be conducted in order to gauge whether (and how) providers are teaching their transgender clients to become active participants in their care.

Throughout the current study, many important aspects of healthcare provider education were also stressed, with an emphasis for the need of more formal education in transgender care by certifying bodies. In the development of such education, transgender

individuals need to be involved, as transgender individuals must be seen as the expert voice in determining what this population needs from the healthcare system and the providers. This study also highlighted the need for provider education to be developed keeping the importance of a deep understanding of gender and identity at the forefront.

Overall, the current study was the first of its kind to give an overview of the ways in which transgender individuals support themselves and are supported by others in navigating the healthcare system to have positive healthcare experiences.

Limitations

Although this study can be seen as a significant contribution to the rebalancing of the largely deficits-based research that currently exists in transgender healthcare research, limitations to this study must be addressed.

The lack of participation by physicians and nurse practitioners in the current study is a limitation, as this would have enhanced the current study by providing a medical perspective that was lacking in this study. In attempts to eliminate this limitation, the researcher asked transgender participants in the current study who had discussed having positive experiences with their physicians to refer these individuals to the study if they felt comfortable doing so. Unfortunately, despite some transgender participant's efforts to encourage such involvement (as indicated to the researcher through personal communication), no physicians or nurse practitioners contacted the researcher to participate in the study. Recommendations for future research in this area involve an extended time frame to give physicians and nurse practitioners a greater time period to consider participating in the study, as well as a multiple case study approach in varying geographical areas, likely increasing the number of physicians and nurse practitioners who are referred to the study.

Additionally, due to the way in which the bounded case unfolded, the current study was largely centered around a local transgender support group. This being said, these study results may have limited generalizability to transgender individuals who are not associated with support groups. In the current study, this limitation could not be addressed, as the snowball sampling approach required that the bounded case grow in a natural manner, with participants referring others to the study, who could then contact the researcher to participate. In order to address this limitation in future research, a multiple case study may provide a more equal representation of participants. Using this study design, the initial participants contacted by the researcher to begin the snowball strategy could have varying connections with transgender support groups, which may in turn impact the level of connections that individuals they would then refer to participate in the study have with transgender support groups.

It is also important to note that the current case study took place in a suburban area, and therefore the results of this study may have limited generalizability to rural areas that likely have less healthcare accessibility, or to highly populated urban centers such as Toronto, whereby healthcare for transgender individuals may be seen as more accessible to the transgender population. Further, as a limitation regarding the generalizability of this research, it must be acknowledged that the snowball sampling approach used produced a resulting case that included no transgender individuals of color. This is mentionable, as it has been found that transgender individuals of color have increased health risks (Clements-Nolle, Marx, Guzman, & Katz, 2001; Garofalo, Deleon, Osmer, Doll, & Harper, 2006), which may have implications on how the healthcare system is currently functioning for this population.

The use of the strengths-based approach also presented challenges within the study, as participants tended to emphasize the negative experiences they had along with the positive experiences. This deficits focus was largely seen in the macro level support system, as well as with healthcare providers who were not trans competent at a local level. The mention of existing deficits by participants when conducting strengths-based research however, has been noted (Saleebey, 2013), and has been widely shown in transgender healthcare research more specifically. This being said, it can be expected that participants in the current study would highlight deficits that exist in transgender healthcare. Despite the deficits however, this research managed to bring system strengths to the forefront, uncovering system strengths that have previously gone unacknowledged, and can be built on both in future research and practice.

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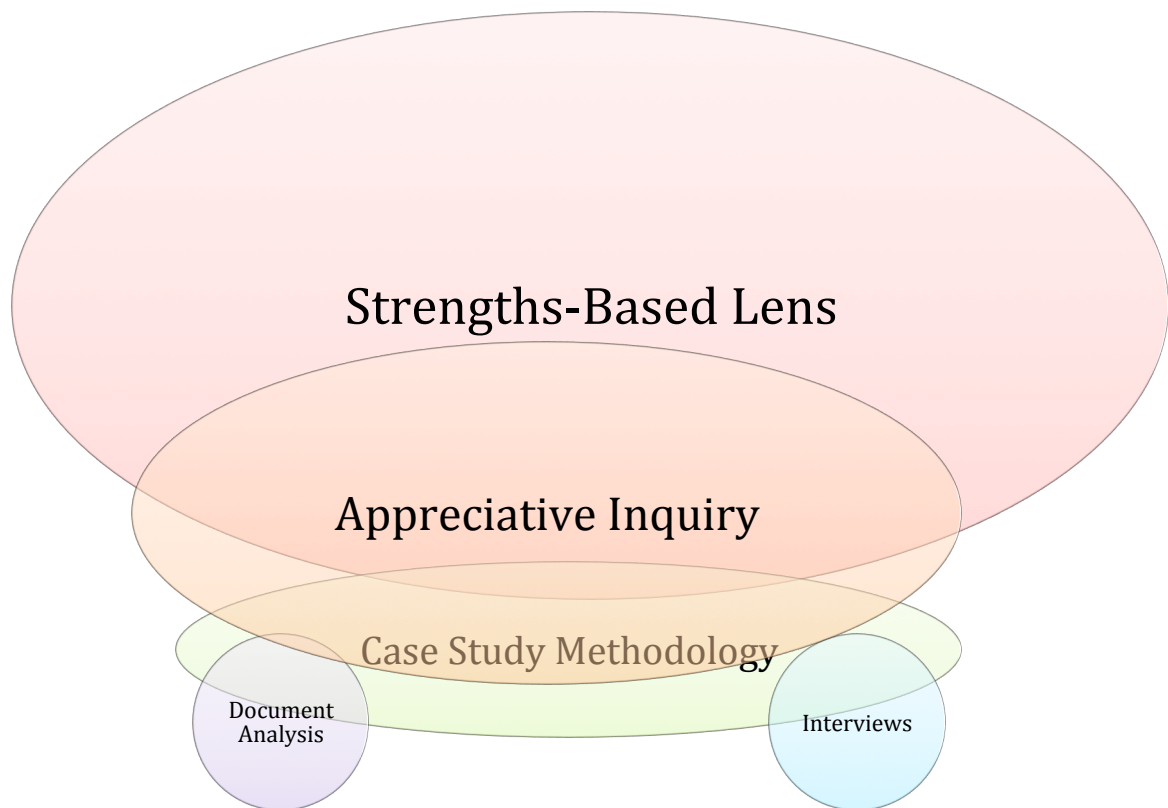
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Appendix A - Trans Terminology

Term	Definition	Evidence
Cross-dresser	“people who wear clothing, jewelry, and/or make-up not traditionally or stereotypically associated with their anatomical sex, and who generally have no intention or desire to change their anatomical sex”	Fenway Health, 2010
Transvestite	A term once used to describe people who dress in ways not typically associated with their anatomical sex. This term is now considered derogatory, as it has connotations of eroticism and the need for one to disguise themselves.	Fenway Health, 2010; Lombardi, 2001; Stryker, 2008
Transsexual	An individual who lives as a member of a gender other than that which was assigned to them at birth	Stryker, 2008
Male-to-female	Someone born male, who now self-identifies as female	Stryker, 2008
Female-to-male	Someone born female, who now self-identifies as male	Stryker, 2008
Transgender	An umbrella term used to refer to “all individuals who live outside of normative sex/gender relations; that is, individuals whose gendered self presentation does not correspond to the behaviours habitually associated with the members of their biological sex”	Namaste, 2000 p.1
Trans	A term similar to transgender, which has also been used to describe individuals who do not conform to society’s conceptions of male or female	Ontario Human Rights Commission, 2013
Transition	“the process that people go through as they change their gender expression and/or physical appearance (e.g., through hormones and/or surgery) to align with their gender identity”	Fenway Health, 2010

Appendix B – Proposed Study Methodology Diagram

Appendix C – Research in the Healthcare Setting Using Appreciative Inquiry as a Research Methodology

Author(s)	Study	Purpose
Dispenza, 1999	Our families, our children: The lesbian and gay child care task force report on quality in child care	To identify the best of what is happening in childcare for LGBT parents and children
Reed, Pearson, Douglas, Swinburne, & Wilding, 2002	Going home from the hospital- An appreciative inquiry study	To inform practice for improving hospital discharge for older individuals
Reed, Richardson, Marais & Moyle, 2008	Older people maintaining well-being: An international appreciative inquiry study	To explore the ways in which older individuals manage healthy living
Knibbs et al., 2010	Appreciative inquiry: A strength-based research approach to building Canadian nursing capacity	To inform health policy development and public health nursing capacity

Appendix D - Appreciative Inquiry Interview Tips - Developed by Cooperrider et al. (2008)Tips For Conducting Interviews

Use the interview question section for script and note taking.

- Use these questions to probe further:
 - Can you tell me more?
 - Why was that important to you?
 - How did that affect you?
 - What was your contribution?
 - How did the organization/business area/team support you? (e.g., information systems, leadership, resources, and structures)
 - How has it changed you?
- Let the interviewee tell his or her story.
- Take notes and listen for great quotes or stories.
- Be genuinely curious about their experiences, thoughts, and feelings.
- Some people will take longer to think about their answers. Allow time for silence.
- If somebody doesn't want to or can't answer any of the interview questions, that's ok. Let it go.
- Use the questions as guidelines. You may choose not to use the questions or to adapt the questions to what works best in the interviews.
- Allow the interviewee to interpret whether the questions pertain to work or to personal situations.

Appendix E - Interview Guide (For Transgender Participants)

Introduction

KR: Thank you for taking time out of your day to participate in my study. Before we begin the interview, I would like to take the opportunity to tell you a bit about myself and the current study. I am a graduate student at Brock University in my second year of studies in applied health sciences, and I am interested in human sexuality and gender identity. My interest in this area began at a young age through personal experiences with close friends and family members who identified within the LGBT community. Once I began my undergraduate studies at Brock University, I took the human sexuality courses that were offered, and my interest in this area grew. One area that I became very interested in is the experiences of transgender people with the healthcare system, which has led me to the current study. Since much of the research that currently exists exploring healthcare for the trans population is very problem-focused, I have taken an interest in exploring the positive experiences, and what factors contribute to these positive healthcare experiences for trans individuals.

In the current study, my goal is to learn and understand what makes a positive healthcare experience for trans individuals in order to provide insight into what works well for future health programs and services. Before I ask any questions I want you to know that you are not obligated to answer any of the following questions, so if you feel uncomfortable at any time you can simply choose not to answer. I would like for this interview to be a relaxed conversation between two people. Are there any questions that you have before we begin?

Section 1- Background Information about Participant

1. Before we get started, what pronoun or terms are you most comfortable with when being referred to?
2. Tell me a bit about yourself. What types of things do you enjoy doing in your spare time?
3. Would you consider yourself to have had a lot of experience with the healthcare system in general? In what ways?
4. When you think about seeking healthcare what thoughts come to mind?
5. Do you think that being trans has affected the ways in which you go about seeking healthcare? How?

The Positive Healthcare Experience

6. How do you define a positive healthcare experience? (provider characteristics/patient outcomes/physical environment)
7. Why do you think that these characteristics are the most important to a positive healthcare experience?
8. Can you tell me about some healthcare experiences that you have had that you consider positive? What made them positive?
9. Has there ever been a time that you felt you had to make the best of a bad healthcare situation? Explain?

Section 2- Finding Health Programs and Services

1. Can you tell me about some of the ways that you have gone about seeking health programs and services? Of these, which ways did you find most effective?
2. Can you provide a couple examples of positive experiences that you have had in finding health programs or services?
3. Have there been any particular people who have helped you in finding the services you are looking for? Can you elaborate?
4. What suggestions do you have for improving access to health programs and services for transgender people who are looking for healthcare?

Section 3 - Receiving health programs and services (Once programs and services have been found)

1. Can you give me a few examples of times you received what you would consider good healthcare? Why do you consider this care good?
2. What are some of the difficulties you may have faced when finding or receiving healthcare in the past? You can go into as much detail as you feel comfortable with.
3. Given the challenges that you have faced when seeking and receiving healthcare in the past, how have you managed to thrive and achieve positive healthcare experiences?
4. What are some of the things you consider important when receiving healthcare? Why are these things important to you?

Section 4 - Internal Strengths

1. What characteristics or personality traits do you have/or have you had to develop in order to navigate the healthcare system?
2. What do you think enables you to rise to challenges you may face in the healthcare setting?
3. Are there any skills or insights you might have developed through your healthcare experiences? Do these skills help you at all in everyday life? How?

Section 5 - External Supports

1. Is there anyone in particular that has been very important to you or supportive of you in your healthcare journey? Please explain. Friends/family/healthcare providers? (how did you come to meet these people?) What made them supportive?
2. What associations, groups, or organizations have been especially helpful to you in the past? Why were they so helpful?
3. If you were to give advice to other healthcare providers about the best ways to work with trans individuals, what would you tell them?
4. If you were to give advice to another trans person about how to have positive healthcare experiences what would you tell them?
5. Would you say that your positive healthcare experiences can be attributed more to supportive people in your life, the skills you have developed in navigating the system, or both? Explain.

Section 6 - Closing Questions

1. What have you learned through your healthcare experiences thus far?
2. In your opinion, what does great healthcare for trans people look like? Based on your experiences, what changes need to be made in order for this future to become a reality?
3. Before concluding the interview, I would like to take the time to provide you with the opportunity to add any information that you think is important that we may not have already touched on. Does anything come to mind?

Again, I would like to thank you for participating in this study. You have provided some very valuable information that will be important in understanding transgender people's experiences with the healthcare system in Ontario. If you would like, I can send you a copy of this interview transcript once it is complete so that you can check for accuracy prior to data analysis. If you have any questions or concerns feel free to contact me via e-mail.

Interview Guide (For Service Providers)

Introduction

KR: Thank you for taking time out of your day to participate in my study. Before we begin the interview, I would like to take the opportunity to tell you a bit about myself and the current study. I am a graduate student at Brock University in my second year of studies in applied health sciences, and I am interested in human sexuality and gender identity. My interest in this area began at a young age through personal experiences with close friends and family members who identified within the LGBT community. Once I began my undergraduate studies at Brock University, I took the human sexuality courses that were offered, and my interest in this area grew. One area that I became very interested in is the experiences of transgender people with the healthcare system, which has led me to the current study. Since much of the research that currently exists exploring healthcare for the trans population is very problem-focused, I have taken an interest in exploring the positive experiences, and what factors contribute to these positive healthcare experiences for trans individuals.

In the current study, my goal is to learn and understand what makes a positive healthcare experience for trans individuals in order to provide insight into what works well for future health programs and services. Before I ask any questions I want you to know that you are not obligated to answer any of the following questions, so if you feel uncomfortable at any time you can simply choose not to answer. I would like for this interview to be a relaxed conversation between two people. Are there any questions that you have before we begin?

Section 1- Background Information about Participant

1. Before we get started, could you please tell me a bit about your profession?
2. How do you define a positive healthcare experience? Does this definition hold true with respect to the transgender population? Explain.
3. Would you consider yourself to have had a lot of experience with healthcare for transgender individuals? In what ways?

Section 2- The Trans Patient

4. What do you do when a patient identifies as trans? Are there any steps that you tend to follow? Explain
5. Can you describe a positive experience that you have had with a trans patient (no specific details are necessary) What do you think made that experience positive?
6. Has there ever been a time that you felt you had to make the best of a bad healthcare situation with a trans patient? Explain?
7. Are there things you do differently in your general practice as a result of having had experience working with the trans population? Explain?

Section 3- Factors for Providing a Positive Experience

8. What resources do you use/know about which may help you in serving the trans population? Are there other organizations that you depend on? Explain. Have you had any experience referring trans patients? Discuss.

9. Are there any other healthcare providers that you network with regarding healthcare for the transgender population?
10. Can you discuss any policies that might be in place (either at the organizational or system level) that help you in providing positive healthcare experiences for trans patients?
11. What personal strengths do you believe you have as a provider that help you create positive healthcare experiences for transgender people?
12. Are there any other factors you believe would help you continue to provide positive experiences for transgender patients in the future? (resources, networks, policy etc.)

Section 4- The System as a Whole

13. In what ways do you believe the current healthcare system as a whole is functioning well for the transgender population?
14. In the future, how could the healthcare system be changed to better serve this population?

Section 6 - Closing Questions

1. What have you learned through your healthcare experiences with trans people thus far?
2. Before concluding the interview, I would like to take the time to provide you with the opportunity to add any information that you think is important that we may not have already touched on. Does anything come to mind?

Again, I would like to thank you for participating in this study. You have provided some very valuable information that will be important in understanding healthcare experiences for transgender people in Ontario. If you would like, I can send you a copy of this interview transcript once it is complete so that you can check for accuracy prior to data analysis. If you have any questions or concerns feel free to contact me via e-mail.

Interview Guide (For Friends/Family Members/Significant Others)**Introduction**

KR: Thank you for taking time out of your day to participate in my study. Before we begin the interview, I would like to take the opportunity to tell you a bit about myself and the current study. I am a graduate student at Brock University in my second year of studies in applied health sciences, and I am interested in human sexuality and gender identity. My interest in this area began at a young age through personal experiences with close friends and family members who identified within the LGBT community. Once I began my undergraduate studies at Brock University, I took the human sexuality courses that were offered, and my interest in this area grew. One area that I became very interested in is the experiences of transgender people with the healthcare system, which has led me to the current study. Since much of the research that currently exists exploring healthcare for the trans population is very problem-focused, I have taken an interest in exploring the positive experiences, and what factors contribute to these positive healthcare experiences for trans individuals.

In the current study, my goal is to learn and understand what makes a positive healthcare experience for trans individuals in order to provide insight into what works well for future health programs and services. Before I ask any questions I want you to know that you are not obligated to answer any of the following questions, so if you feel uncomfortable at any time you can simply choose not to answer. I would like for this interview to be a relaxed conversation between two people. Are there any questions that you have before we begin?

Section 1- Background Information about Participant

1. Before we get started, could you please tell me a bit about yourself?
2. What kind of ties do you have with the transgender population? Elaborate.
3. How do you define a positive healthcare experience? Does this definition hold true with respect to the transgender population? Explain.

Section 3- Personal

1. Are there any aspects of your life that have changed as a result of being close with a trans person?
2. What do you think has made you a valuable support for that person?

Section 2- Healthcare for Trans People

3. Would you consider yourself to have had a lot of experience helping healthcare for transgender individuals? In what ways?
4. Have you ever helped a trans person find and/or receive healthcare? Can you describe?
5. Discuss a time that you helped a trans person to have a positive healthcare experience. What made the experience positive?
6. Were there ever times where you noticed barriers for transgender people when seeking healthcare? What did you do that may have supported a trans person in overcoming these barriers?

7. Have you ever come across any resources (pamphlets, websites etc.) that have been useful in supporting a transgender person?
8. Have you ever networked with other friends/family members/significant others/ or trans people that were helpful in supporting you or the trans person you are close with? Explain
9. How do you think current healthcare policies (either in a doctors office or on a governmental level) are functioning for transgender people? Explain.
10. What do you think are the most important factors needed for transgender people to have positive healthcare experiences?
11. In what ways do you think the healthcare system is working well for transgender people?

Section 6 - Closing Questions

1. What have you learned through your experiences with trans people thus far?
2. Before concluding the interview, I would like to take the time to provide you with the opportunity to add any information that you think is important that we may not have already touched on. Does anything come to mind?

Again, I would like to thank you for participating in this study. You have provided some very valuable information that will be important in understanding healthcare experiences for transgender people in Ontario. If you would like, I can send you a copy of this interview transcript once it is complete so that you can check for accuracy prior to data analysis. If you have any questions or concerns feel free to contact me via e-mail.

Appendix F – Documents Retrieved from Researcher Document Analysis

Organization	Website URL (verified October 24, 2014)
Rainbow Health Ontario	http://rainbowhealthontario.ca/service-directory/wpbdp_category/trans-health-services/ http://rainbowhealthontario.ca/about-lgbt-health/ http://rainbowhealthontario.ca/trans-health-connection/
Sick Kids	http://www.sickkids.ca/aboutsickkids/newsroom/past-news/2013/sickkids-supports-transgender-teens-with-opening-of-new-clinic.html
Ontario Ministry of Health and Long-Term Care	http://www.health.gov.on.ca/en/ms/healthcareconnect/public/ http://www.health.gov.on.ca/en/ms/healthcareconnect/public/video.aspx http://www.health.gov.on.ca/en/public/programs/waittimes/strategy.aspx http://www.health.gov.on.ca/en/public/programs/waittimes/edrs/default.aspx
The College of Physicians and Surgeons of Ontario	http://www.cpsso.on.ca/Policies-Publications/The-Practice-Guide-Medical-Professionalism-and-Col/Values-of-the-Profession http://ocfp.on.ca/cme/calendar http://ocfp.on.ca/docs/default-source/2014-documents/ocfp-cme-catalogue.pdf?sfvrsn=2
Note: Additional documents specific to the local area are not included for confidentiality purposes	